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## ABSTRACT

This document discusses a project designed to assess trends in service data and the effectiveness of the services provided over a 10-year period. It begins by describing the services provided by the Wilder Foundation Child Guidance Clinic, an outpatient mental health center serving children and families in the Saint Paul, Minnesota area. A number of trends emerged about the families served by the clinic. There was a notable increase in the percentage of families headed by single parents, and in the percentage experiencing chronic economic distress and frequent changes in residence. There were dramatic increases in the aggressive nature of clients, including the frequency of assaultive and threatening behaviors. An examination of service trends indicated a dramatic decline in the amount of services received by clients. The clinic staff attributed this decline to the growth of managed care, a decrease in the amount of group therapy provided by the clinic, and an increase in family mobility. A summary is provided of parental ratings of satisfaction with clinical services. The final topic concerns the challenges faced when designing and carrying out the evaluation of the Child Guidance Clinic and the difficulties encountered in reaching families for a follow-up. (Contains 15 references and 44 figures.) (JDM)

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**WILDER RESEARCH CENTER**

ED 454 453

# Blending Research and Practice

*A 10-year evaluation of a community-based child guidance clinic*

*Paper presented at the  
Child Welfare League of America  
National Conference on Research in Child Welfare*

**J U N E 1 9 9 9**

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## **Blending Research and Practice: A 10-Year Evaluation of a Community-Based Child Guidance Clinic**

National Conference on Research in Child Welfare  
Child Welfare League of America  
June 21, 1999

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### **BACKGROUND**

#### **BRIEF PROJECT DESCRIPTION**

The purpose of this presentation was to describe the results of a project conducted by the Wilder Research Center. This project assessed trends in service data and effectiveness for clients served by the Wilder Foundation Child Guidance Clinic over a ten-year period (1988-1998). In 1999, our results were presented at the Child Welfare League of America's National Conference on Research in Child Welfare. This report summarizes the presentation made at this conference. For more information about this project or a full report of project findings, please contact the Wilder Research Center.

#### **CONFERENCE PRESENTATION INTRODUCTION**

As seen in Figure 1, there were four goals for this presentation. The first goal was to describe the services provided by the Child Guidance Clinic and the way that these services are evaluated. Second, evaluation results for 1988-1998 were presented, with an emphasis on highlighting trends that have emerged related to the services that are provided, the population being served, and the effectiveness of the services. Third, an

overview of how these results have been used for program planning and improvement was provided. Fourth, lessons learned and challenges faced in implementing the evaluation and utilizing evaluation results were discussed. Figure 2 provides the outline for the presentation.

**1. Goals of the Session**

<b>Goals of the Session</b>
<ul style="list-style-type: none"><li>• Describe an evaluation of a community-based children's mental health program.</li><li>• Present applied research results and trends.</li><li>• Discuss use of the results for program planning and improvement.</li><li>• Share lessons learned and challenges faced.</li></ul>

**2. Outline of the Session**

<b>Outline of Session</b>
<ol style="list-style-type: none"><li>1. Introductions</li><li>2. About the Wilder Research Center</li><li>3. About the Child Guidance Clinic</li><li>4. Population served by the clinic</li><li>5. Evaluation design</li><li>6. Evaluation results and trends</li><li>7. Use of results and lessons learned</li><li>8. Challenges</li><li>9. Discussion</li></ol>

## **ABOUT THE WILDER FOUNDATION**

As an introduction to the conference presentation, general information was provided regarding the Amherst H. Wilder Foundation. The two divisions that conducted this project, the Wilder Research Center and the Child Guidance Clinic, were highlighted.

### **THE AMHERST H. WILDER FOUNDATION**

The Amherst H. Wilder Foundation is a large non-profit health and human service organization that operates a variety of programs serving the Saint Paul area. It provides a range of program efforts across the age span from early childhood to elderly. Services span all the way from community consultation to residential treatment centers. The foundation has 1,035 employees and an annual operating budget of \$52.4 million.

### **THE WILDER RESEARCH CENTER**

Wilder Research Center is the research division of the Amherst H. Wilder Foundation. Figures 3 –5 provide an overview of the Wilder Research Center, including the types of services provided, clients served, and staff employed.

### **3. Wilder Research Center: Research in Human Services**

<b>Wilder Research Center Research in Human Services</b>
<ul style="list-style-type: none"><li>• <b>Program evaluation</b></li><li>• <b>Survey studies</b></li><li>• <b>Program demonstration studies</b></li><li>• <b>'Best practices' literature reviews</b></li><li>• <b>Tracking of social trends</b></li><li>• <b>Consultation and training</b></li></ul>

4. **Wilder Research Center: Clients**

<b>Wilder Research Center</b> <b>Clients</b>
<ul style="list-style-type: none"><li>• <b>Wilder Foundation</b></li><li>• <b>Nonprofit organizations</b></li><li>• <b>Government agencies</b></li><li>• <b>Policy-making boards</b></li><li>• <b>Foundations</b></li><li>• <b>Other community groups</b></li></ul>

5. **Wilder Research Center: Staff**

<b>Wilder Research Center</b> <b>Staff</b>
<ul style="list-style-type: none"><li>• <b>Multidisciplinary research staff</b></li><li>• <b>Specialists in data collection, data analysis, report production and dissemination</b></li></ul>

**THE WILDER CHILD GUIDANCE CLINIC**

Figures 6-9 provide introductory information about the Wilder Foundation Child Guidance Clinic, an outpatient mental health center serving children and families in Saint Paul, MN. This information includes an overview of the clinic's service approach, efforts to provide accessible services, characteristics of the staff, and finances (i.e., funding sources). The clinic began in 1923 as a joint venture with the University of Minnesota. It was one of the original demonstration projects funded by the Commonwealth Fund to

study juvenile delinquency. This effort was interdisciplinary from the start. The clinic expanded from one social worker and one child psychiatrist to its current staff of 9.47 FTEs.

**6. Wilder Foundation Child Guidance Clinic: Service Approach**

<b>Wilder Foundation Child Guidance Clinic Service Approach</b>
<ul style="list-style-type: none"><li>• <b>Multiple competencies</b></li><li>• <b>Brief, intermittent therapy with “wraparound” support</b></li><li>• <b>Measure outcomes and satisfaction</b></li><li>• <b>Collaborate with others</b></li></ul>

**7. Wilder Foundation Child Guidance Clinic: Service Accessibility**

<b>Wilder Foundation Child Guidance Clinic Accessibility</b>
<ul style="list-style-type: none"><li>• <b>Child and family focus</b></li><li>• <b>Sliding fee</b></li><li>• <b>Services in home, school, and community</b></li></ul>

**8. Wilder Foundation Child Guidance Clinic: Staff**

<b>Wilder Foundation Child Guidance Clinic Staff</b>
<ul style="list-style-type: none"><li>• <b>Training and support</b></li><li>• <b>Different disciplines</b></li><li>• <b>Experienced</b></li><li>• <b>Flexible</b></li></ul>

**9. Wilder Foundation Child Guidance Clinic: Finances**

<b>Wilder Foundation Child Guidance Clinic Finances</b>
<ul style="list-style-type: none"><li>• <b>Client fees</b></li><li>• <b>Government contracts</b></li><li>• <b>Managed care contracts</b></li><li>• <b>Insurance</b></li><li>• <b>Wilder Foundation subsidy</b></li></ul>



## POPULATION SERVED BY THE CLINIC

Prior to the presentation of the evaluation design and results, an overview of the population served by the Child Guidance Clinic was presented. This overview summarized key demographic features of the population and highlighted several changes in the population that have emerged over the ten-year period. The clinic has served 800 to 1200 clients per year over the past five years. Figure 10 summarizes the demographic features of the population served during the most recent program year included in the report (1998), including information about client gender, ethnicity, age, and poverty level.

### 10. Wilder Foundation Child Guidance Clinic: Client Population, 1998

<b>Wilder Foundation Child Guidance Clinic Client Population, 1998</b>
<ul style="list-style-type: none"><li>• 878 clients</li><li>• 69 % male, 31 % female</li><li>• 65 % white, 35 % other races</li><li>• Ages 2 to 17 (mean age = 10)</li><li>• 52 % from households below poverty level</li><li>• Median income = \$11,891</li></ul>

Many of the demographic characteristics of this population have remained fairly consistent over the previous ten years. There were, however, changes over time in terms of client gender and ethnicity. These trends are depicted in Figures 11 and 12. As seen in Figure 11, for the first half of this ten-year period (approximately 1988-1993), the clinic served relatively equal numbers of male and female clients. However, over the most recent five years, the percentage of male clients has increased steadily. In 1998, sixty-nine percent of the clients were males, compared to fifty-three percent in 1988.

11. Wilder Foundation Child Guidance Clinic: Trends in Client Gender, 1988-1998

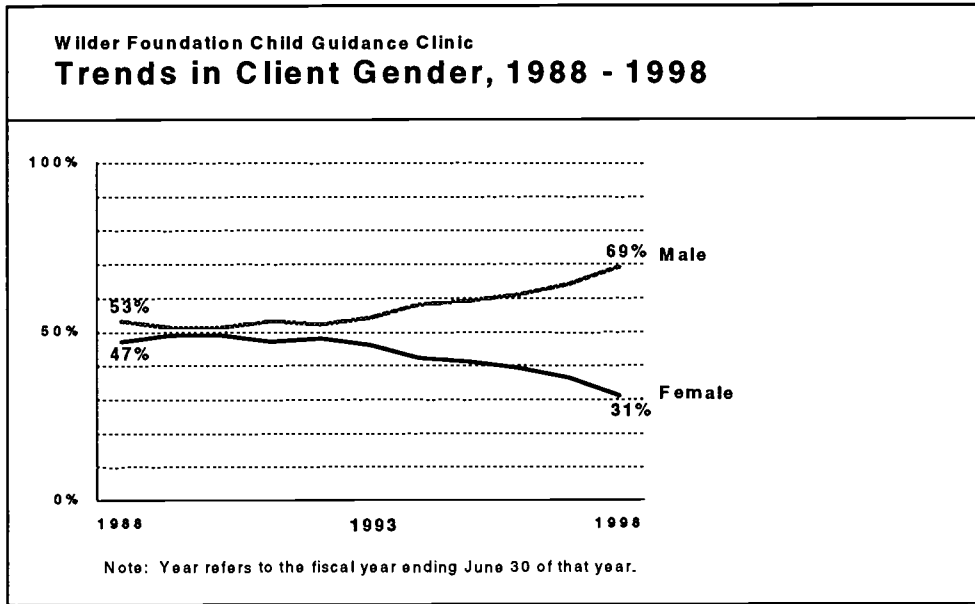
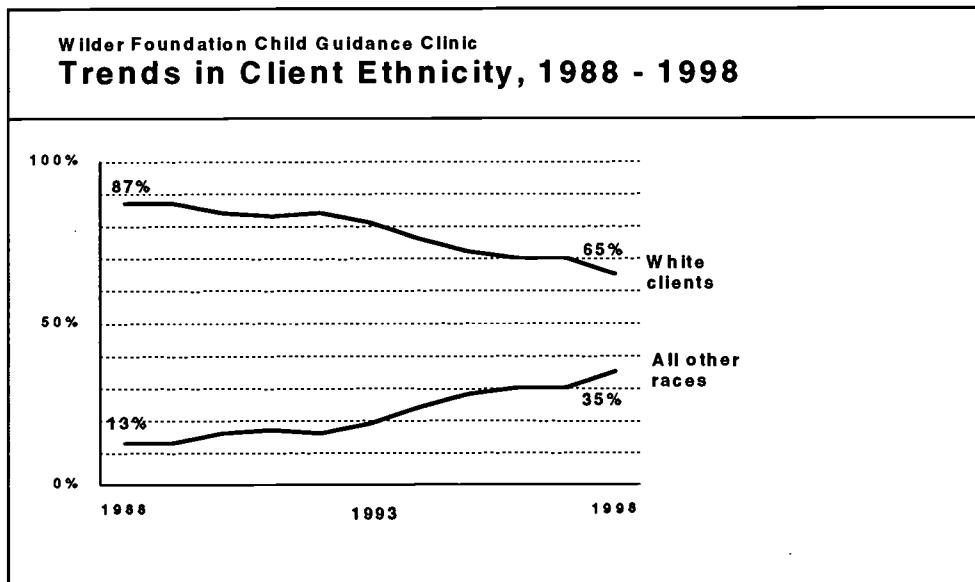


Figure 12 summarizes the trend related to client ethnicity. In 1988, the clinic served primarily white clients (87 percent). Over the following ten-year period, there was a steady decrease in the percentage of the population that was white and an increase in the percentage of clients representing other races. In 1998, clients of other races made up thirty-five percent of the population served by the Child Guidance Clinic.

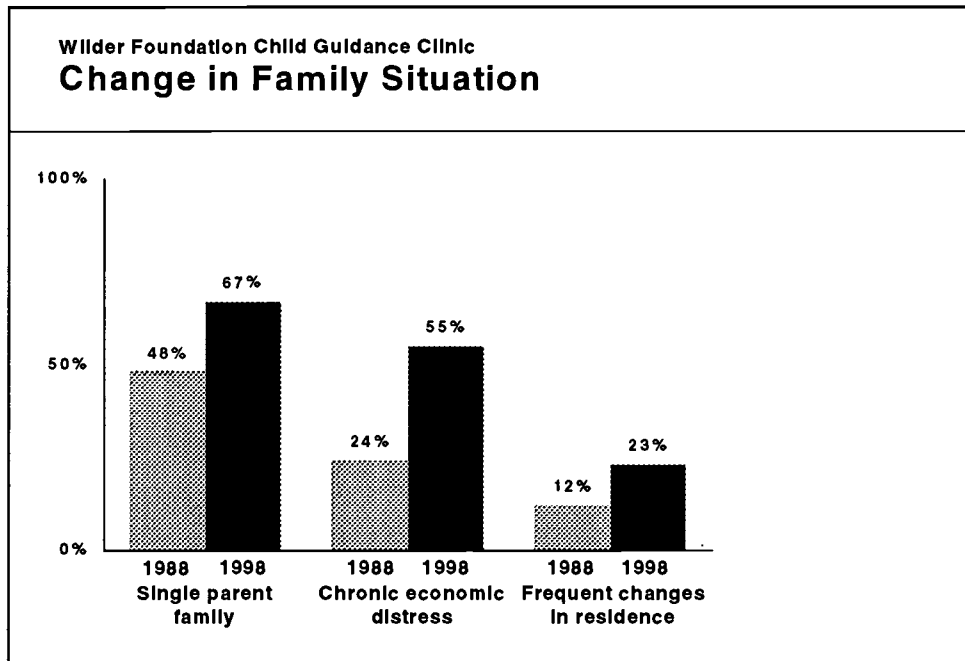
12. Wilder Foundation Child Guidance Clinic: Trends in Client Ethnicity, 1988-1998



Figures 13-16 summarize key characteristics of the families and children served by the Child Guidance Clinic. These data were collected using the Wilder Foundation Client Characteristics Checklist, an instrument developed by the Wilder Research Center to document a variety of potential risk factors and descriptive characteristics of individuals and families served by Foundation programs.

A number of trends emerged between 1988 and 1998 related to the families served by the Clinic. As seen in Figure 13, there was a notable increase in the percentage of the families headed by single parents. The percentages experiencing chronic economic distress and frequent changes in residence also increased. Other common features of the families included frequent conflicts between parents and children, chronic conflicts between parents, and histories of parental chemical abuse (see Figure 14).

**13. Wilder Foundation Child Guidance Clinic: Changes in Family Situations**

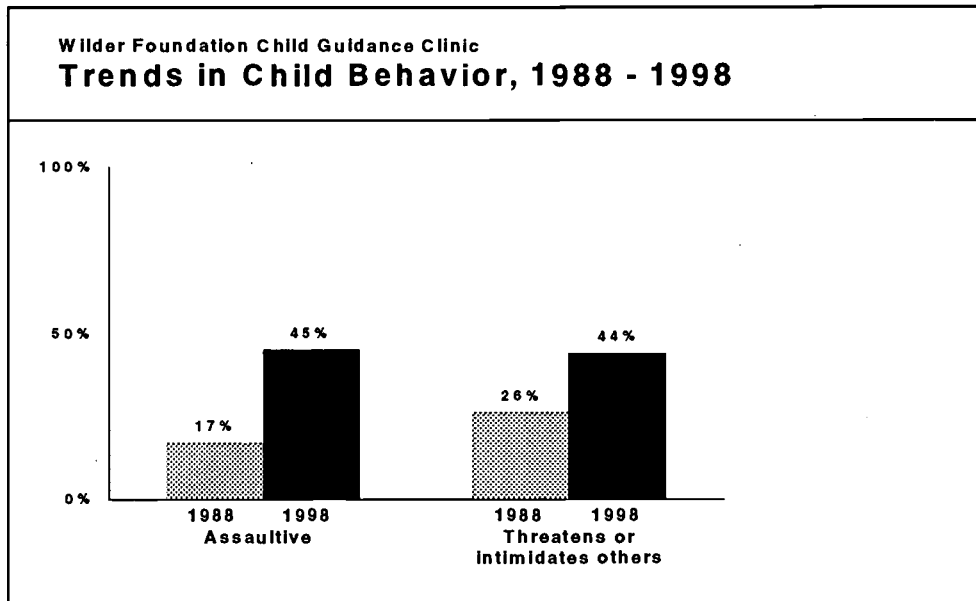


14. **Wilder Foundation Child Guidance Clinic: Common Family Characteristics, 1998**

<b>Wilder Foundation Child Guidance Clinic Common Family Characteristics, 1998</b>
<ul style="list-style-type: none"><li>• <b>Frequent conflicts between parent and child (75%)</b></li><li>• <b>Chronic conflicts between parents (55%)</b></li><li>• <b>History of parental chemical abuse (47%)</b></li><li>• <b>At least one previous outpatient intervention for child (46%)</b></li><li>• <b>Previous parental involvement with social service agencies (34%)</b></li><li>• <b>Previous mental illness outpatient treatment of parent (33%)</b></li></ul>

Between 1988 and 1998, there were also a number of changes seen in the types of behaviors and characteristics exhibited by the children who received services from the clinic. Most notably, there were dramatic increases in the aggressive nature of the clients, including the frequency of assaultive behaviors and threatening or intimidating others (see Figure 15). Other common characteristics of the children served by the clinic included impulsivity, isolative or withdrawn behavior, and receipt of special education services (see Figure 16).

15. **Wilder Foundation Child Guidance Clinic: Trends in Child Behavior, 1988-1998**



16. **Wilder Foundation Child Guidance Clinic: Common Child Characteristics, 1998**

- Wilder Foundation Child Guidance Clinic  
**Common Child Characteristics, 1998**
- **Pattern of impulsivity (60%)**
  - **History of isolative or withdrawn behavior (36%)**
  - **Recipient of special education services (33%)**
  - **Probable physical abuse of child (29%)**
  - **Probable neglect of child (29%)**

A wide variety of diagnostic categories are represented among Clinic clients. The most common diagnoses are detailed in Figure 17. These diagnoses include attention deficit disorder, several oppositional and conduct disorders, anxiety disorders, dysthymia, and problems associated with the parent-child relationship.

17. **Wilder Foundation Child Guidance Clinic: Most Common Diagnoses, 1988-1998**

<b>Wilder Foundation Child Guidance Clinic Most Common Diagnoses, 1988 - 1998</b>
<ul style="list-style-type: none"><li>• <b>Attention deficit disorder</b></li><li>• <b>Oppositional disorder</b></li><li>• <b>Dysthymic disorder</b></li><li>• <b>Anxiety state - unspecified</b></li><li>• <b>Generalized anxiety disorder</b></li><li>• <b>Parent-child problems</b></li><li>• <b>Conduct disorder</b></li></ul>

### **EVALUATION DESIGN**

As seen in Figure 18, the evaluation of the Child Guidance Clinic conducted by the Wilder Research Center is designed to address two program goals. The first goal of the program is for clients to demonstrate increased positive adjustment. This goal is measured using the Achenbach Child Behavior Checklist (CBCL). As detailed in Figure 19, this Checklist is completed by parents at the time of a child's intake into the program and six months later for a random sample of clinic clients (25 percent of clinic clients).

The second goal is for parents to indicate satisfaction with clinic services. This goal is measured using a telephone survey of a sample of parents conducted by Wilder Research staff six months following a child's intake into the program. Approximately two-thirds of the clients are no longer receiving treatment six months after intake.

**18. Wilder Foundation Child Guidance Clinic: Service Effectiveness Goals**

<b>Wilder Foundation Child Guidance Clinic</b> <b>Service Effectiveness Goals</b>
<ul style="list-style-type: none"><li>• <b>Clients will demonstrate increased positive adjustment.</b></li><li>• <b>Parents will indicate satisfaction with clinic services.</b></li></ul>

**19. Wilder Foundation Child Guidance Clinic: Overview of Evaluation Design**

<b>Wilder Foundation Child Guidance Clinic</b> <b>Overview of Evaluation Design</b>
<p><b>Evaluation sample - 25% of eligible clients (minimum of 12 clients per month)</b></p> <p><b>Evaluation components:</b></p> <ul style="list-style-type: none"><li>• <b>Child Behavior Checklist completed by parents at intake and six months later</b></li><li>• <b>Program Evaluation Questionnaire completed by parents six months after intake (telephone survey)</b></li></ul>

Figures 20 – 22 summarize key features of the Child Behavior Checklist and the specific indicators of success used for the Child Guidance Clinic evaluation. The Child Behavior Checklist provides scores in eight symptom areas. The scores in each of these areas are

used to create two composite scores (internalizing and externalizing) and a total problem score. For each of the eight subscales, composites, and total problem score, t-scores are used to classify scores either as “normal” or “clinical.”

20. **Wilder Foundation Child Guidance Clinic: The Child Behavior Checklist**

<p>Wilder Foundation Child Guidance Clinic <b>The Child Behavior Checklist</b></p>
<ul style="list-style-type: none"><li>• <b>Withdrawn</b></li><li>• <b>Somatic complaints</b></li><li>• <b>Anxious or depressed</b></li><li>• <b>Social problems</b></li><li>• <b>Thought problems</b></li><li>• <b>Attention problems</b></li><li>• <b>Delinquent behavior</b></li><li>• <b>Aggressive behavior</b></li></ul> <p><b>T-scores below 67: “normal”</b> <b>T-scores 67 or above: “clinical”</b></p> <p>(Thomas M. Achenbach, University of Vermont)</p>

21. **Wilder Foundation Child Guidance Clinic: Composite Scores on the Child Behavior Checklist**

<p>Wilder Foundation Child Guidance Clinic <b>Composite Scores on the Child Behavior Checklist</b></p>
<ul style="list-style-type: none"><li>• <b>Internalizing (withdrawn, somatic complaints, anxious or depressed)</b></li><li>• <b>Externalizing (delinquent behavior, aggressive behavior)</b></li><li>• <b>Total problem score</b></li></ul> <p><b>T-scores below 60: “normal”</b> <b>T-scores 60 or above: “clinical”</b></p>



As seen in Figure 22, two indicators are used to measure program success using Child Behavior Checklist scores. These indicators include: the percentage of clients who are in the clinical range at intake and in the normal range six months later on any scale and the percentage of clients with a decrease of at least four points in their total problem T-score.

**22. Wilder Foundation Child Guidance Clinic: Indicators from the Child Behavior Checklist**

<b>Wilder Foundation Child Guidance Clinic Indicators from the Child Behavior Checklist</b>
<ul style="list-style-type: none"><li>• <b>Percentage of clients moving from the clinical range to the normal range on any scale</b></li><li>• <b>Percentage of clients with a decrease of 4 or more points in their total problem T-score</b></li></ul>

Figure 23 lists the indicators from the Program Evaluation Questionnaire that are used to measure parents' satisfaction with the services received from the Child Guidance Clinic. A satisfaction questionnaire is used that yields ratings of satisfaction in seven content areas, such as satisfaction with the professional manner and skill of the staff and satisfaction with the cultural competence of the program (see Figure 23). Satisfaction is measured using a six-point scale that ranges from 1 (terrible) to 6 (fantastic). Program success is measured using the percentage of parents with satisfaction ratings of good or better (corresponding to a score of at least four on the six-point scale).

23. **Wilder Foundation Child Guidance Clinic: Indicators from the Program Evaluation Questionnaire**

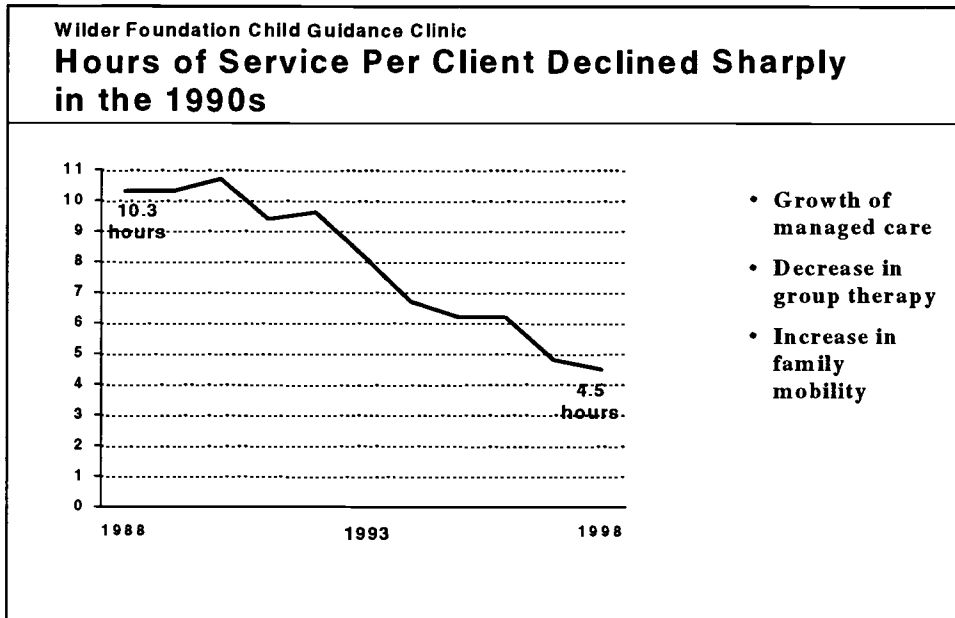
<p>Wilder Foundation Child Guidance Clinic <b>Indicators from the Program Evaluation Questionnaire</b></p>
<p><b>Percentage of parents with satisfaction scores of “good” or better in seven areas:</b></p> <ul style="list-style-type: none"><li>• <b>Outcomes</b></li><li>• <b>Professional manner and skill of clinician</b></li><li>• <b>Clinic procedures and other staff</b></li><li>• <b>Physical environment</b></li><li>• <b>Cultural competency of the program</b></li><li>• <b>Emphasis on family strengths</b></li><li>• <b>Clinic accessibility</b></li></ul>

**EVALUATION RESULTS AND TRENDS**

**SERVICE TRENDS**

An examination of service trends between 1988 and 1998 indicates a dramatic decline in the amount of service received by clients. In 1988, clients received an average of 10.3 hours of service. By 1998, this figure had declined to an average of 4.5 hours (see Figure 24). Clinic staff attribute this decline to three primary factors: the growth of managed care, a decrease in the amount of group therapy provided by the clinic, and an increase in family mobility.

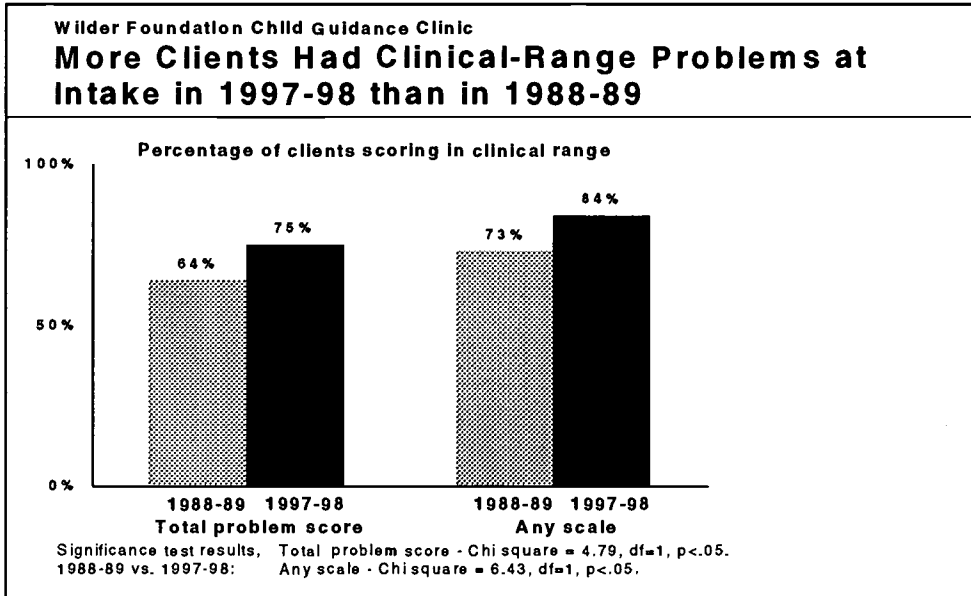
24. **Wilder Foundation Child Guidance Clinic: Hours of Service Per Client Declined Sharply in the 1990s**



**CHILD BEHAVIOR CHECKLIST RESULTS**

As illustrated in Figure 25, over the past ten years there has been an increase in the percentage of clients who scored in the clinical range on the Child Behavior Checklist at intake. The percentage of clients with total problem scores in the clinical range at intake increased from 64 percent in 1988-89 to 75 percent in 1997-98. Similarly, the percentage of clients with at least one scale score in the clinical range increased from 73 percent in 1988-89 to 84 percent in 1997-98.

25. Wilder Foundation Child Guidance Clinic: More clients had clinical range problems at intake in 1997-98 than in 1988-89.



While average scale scores have generally worsened over this period, the amount of improvement in the first six months of treatment has remained fairly stable. On average, clients improved by four or five points on their total problem score. These results are illustrated in Table 26.

26. Wilder Foundation Child Guidance Clinic: Improvement on the Total Problem Score Remained Stable over 11 years

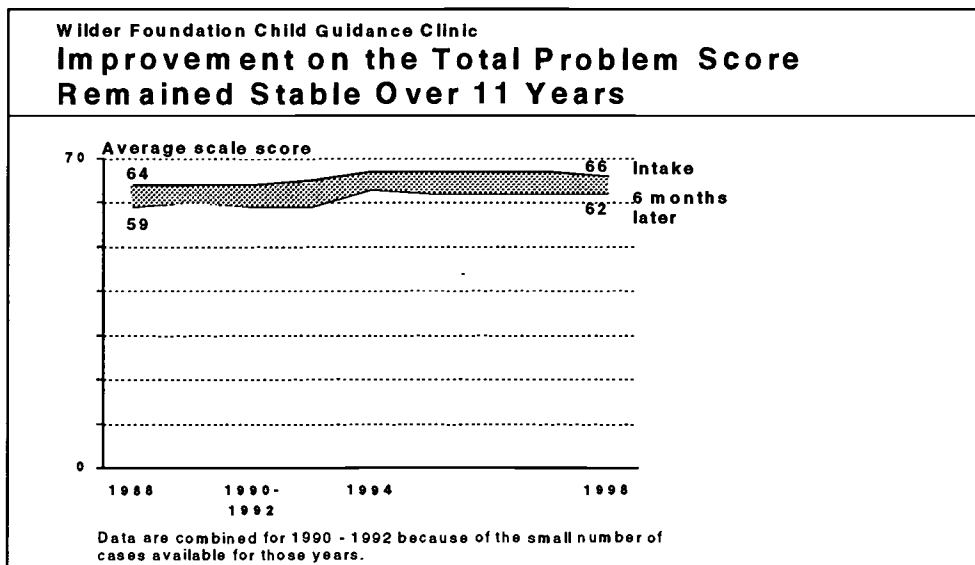
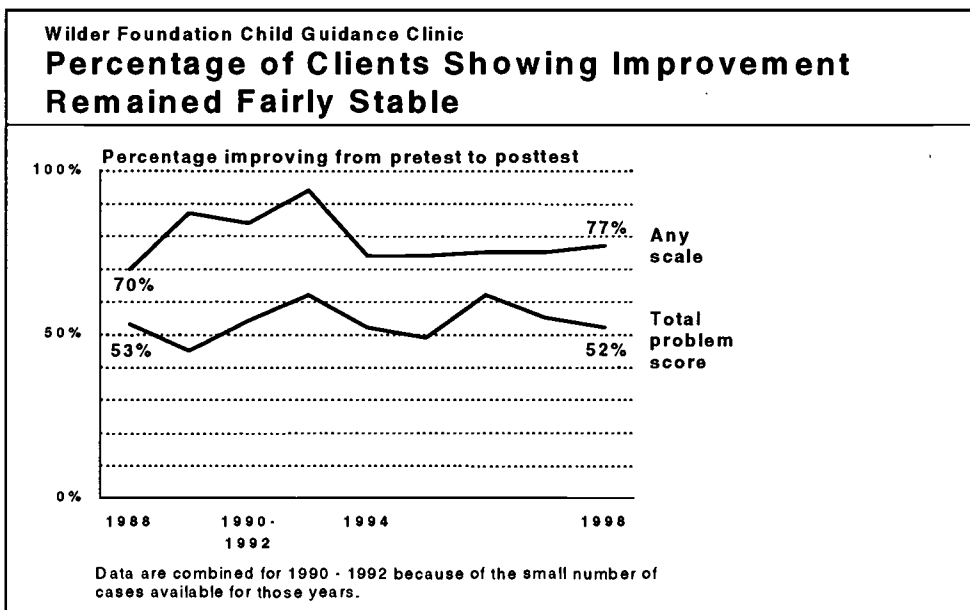


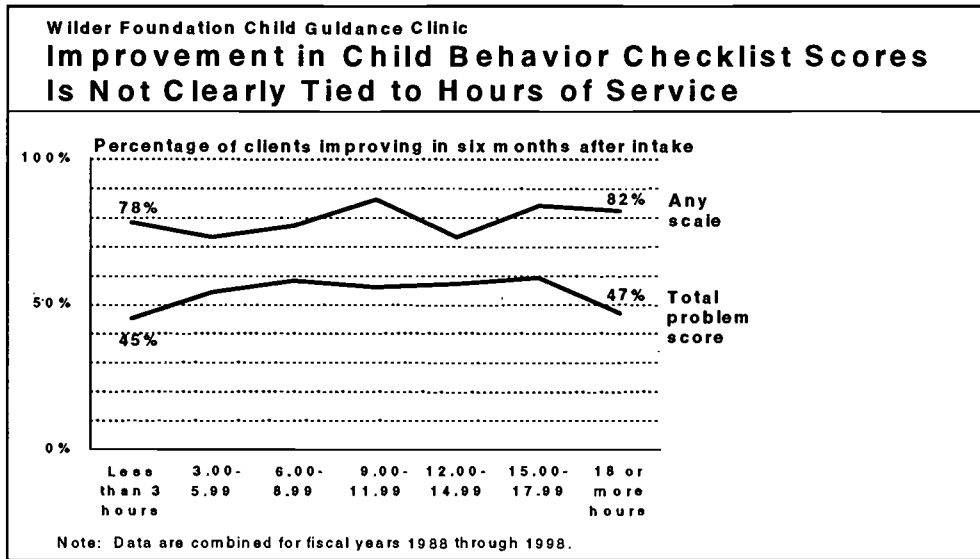
Table 27 summarizes improvement on the CBCL during the first six months of treatment according to the two indicators used by the program: movement from the clinical range to the normal range on any scale, and a four or more point decline in the Total Problem Score. While there were some fluctuations in these scores, overall the percentage of clients showing improvement on these indicators remained fairly stable.

**27. Wilder Foundation Child Guidance Clinic: Percentage of clients showing improvement remained fairly stable**



Improvement in Child Behavior Checklist scores was examined to determine if there was variation in improvement on the basis of the amount of service that was received by clients in the six months between pretest and posttest. Data were combined over the ten-year period for this analysis. The results suggest that there was no strong relationship (not statistically significant) between hours of service received and improvement on either Child Behavior Checklist indicator (see Figure 28).

28. **Wilder Foundation Child Guidance Clinic: Improvement in Child Behavior Checklist Scores is not clearly tied to hours of service**



Using the Child Behavior Checklist, analyses were also conducted to explore what types of problems were exhibited most frequently by clinic clients and whether there was variation in improvement based upon the types of problems reported at intake. As seen in Figure 29, the most common problems at intake in 1998 were in the areas of aggressive and delinquent behaviors.

29. **Wilder Foundation Child Guidance Clinic: Aggressive and delinquent behaviors are the most common problems at intake, 1998**

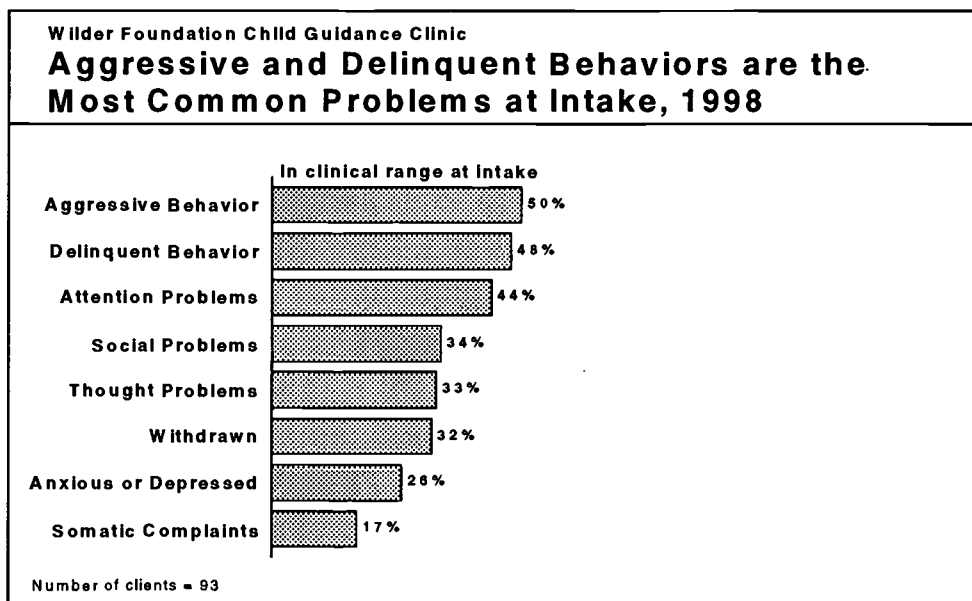
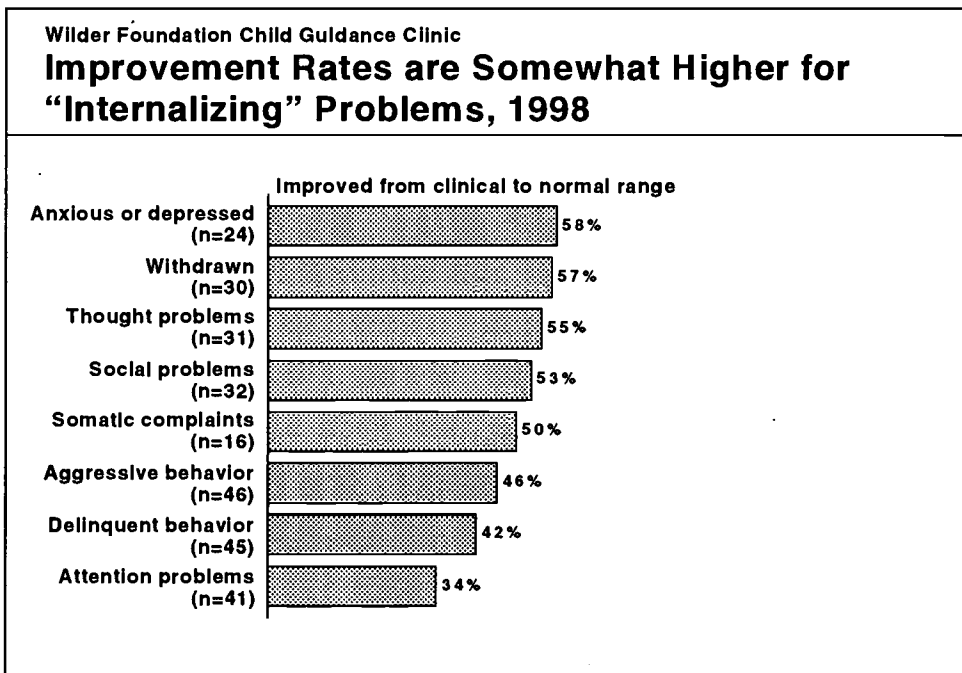


Figure 30 summarizes improvement rates for each of the Child Behavior Checklist scales as reported in 1998. For these analyses, improvement was defined as the percentage of clients who scored in the clinical range of a scale at intake and in the normal range six months later. As seen in this figure, improvement rates were generally higher for internalizing problems, such as anxiety/depression (58 percent) and withdrawal (57 percent). In contrast, less than half of the clients with intake scores in the clinical range improved in the areas of aggression, delinquency, and attention problems. While the 1998 results indicate higher improvement rates for internalizing than externalizing problems, this has not been a consistent pattern over the ten-year study period.

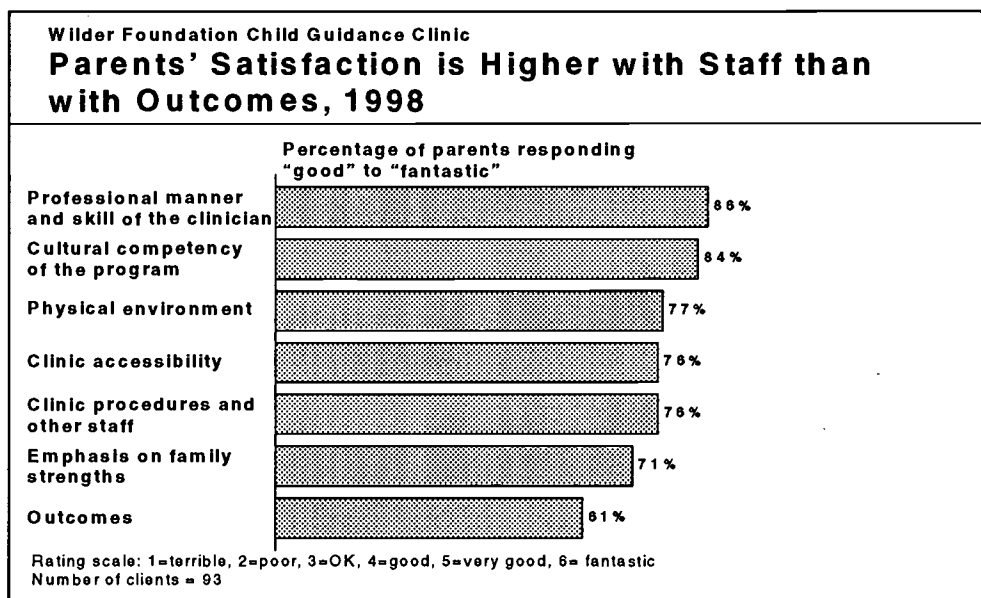
30. **Wilder Foundation Child Guidance Clinic: Improvement rates are somewhat higher for “internalizing” problems, 1998**



## SATISFACTION RESULTS

Figure 31 summarizes the satisfaction results for 1998 in terms of the percentages of parents with satisfaction ratings of “good” or better in each of the seven areas included in the satisfaction survey. Parents were generally most satisfied with the professional manner and skill of the clinician and least satisfied with the outcomes of the services that they received.

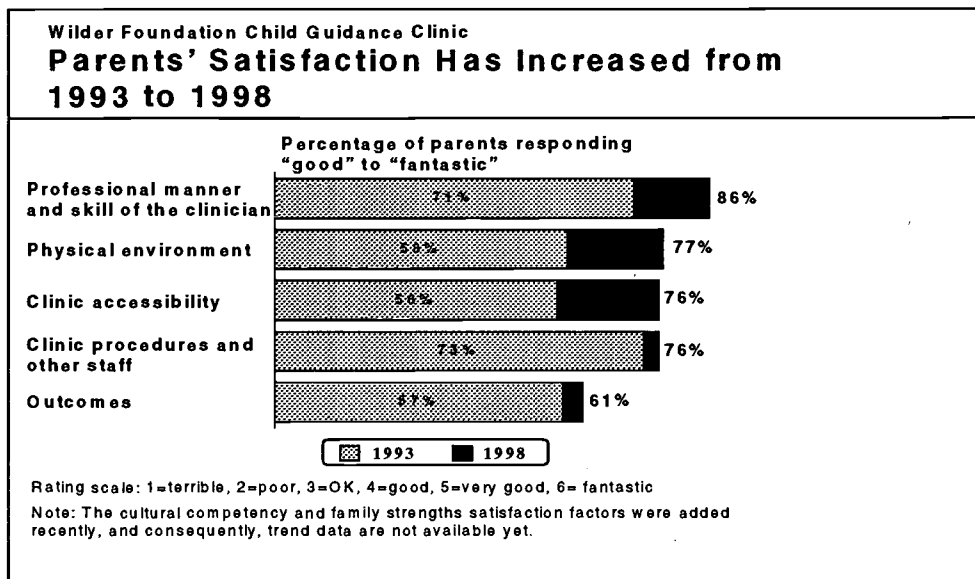
### 31. Wilder Foundation Child Guidance Clinic: Parents’ satisfaction is higher with staff than with outcomes, 1998



An examination of variation in parents’ satisfaction between 1993 and 1998 indicates that satisfaction has generally been improving. The satisfaction instrument that is currently being used was implemented in 1993. In particular, there were fairly large increases in the percentage of parents who were satisfied with the professional manner and skill of the clinician, the physical environment of the program, and accessibility of clinic services (see Figure 32).



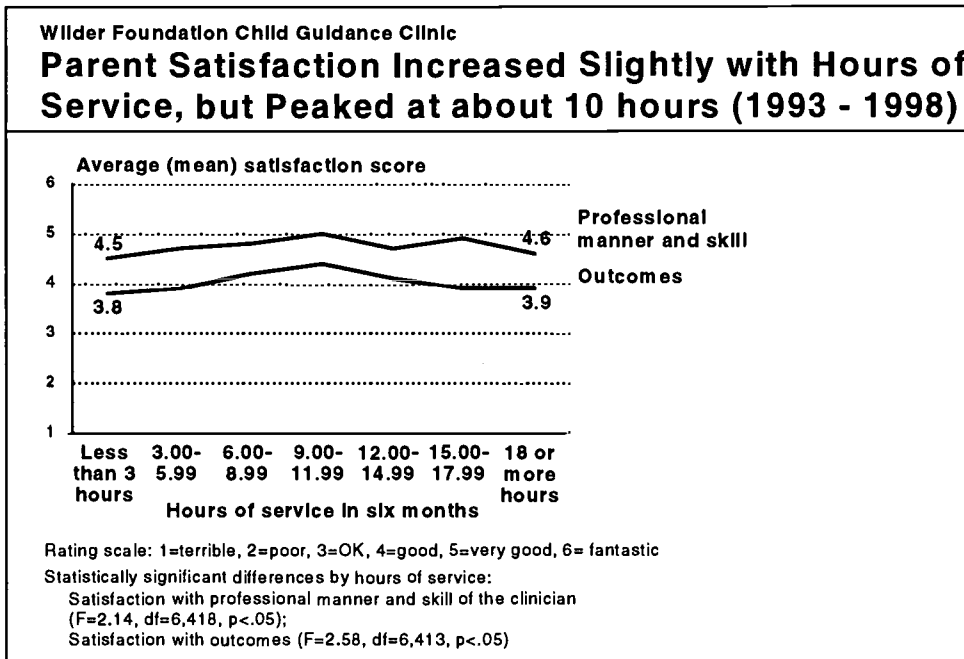
32. **Wilder Foundation Child Guidance Clinic: Parents' satisfaction has increased from 1993 to 1998**



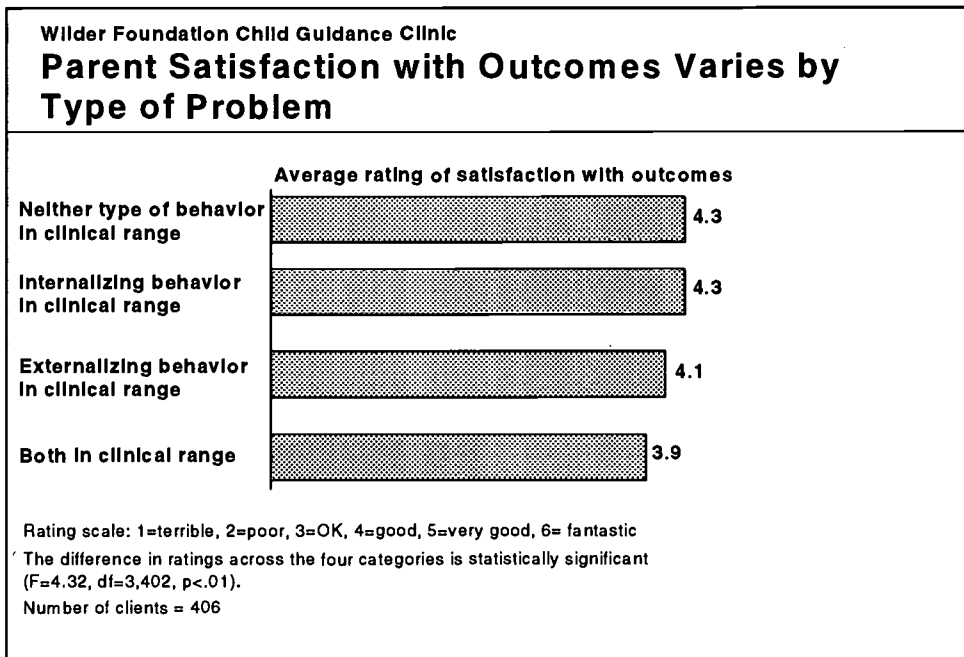
Parents' satisfaction scores were examined to see if there was variation in satisfaction on the basis of the amount of services received (Figure 33) and the type and severity of problems reported on the Child Behavior Checklist (Figure 34). The results of these analyses suggest that there is some variation in satisfaction on the basis of the amount of services received, with clients receiving approximately ten hours of service reporting the highest levels of satisfaction with the professional manner and skill of the clinician and with outcomes. There were no statistically significant differences by hours of service for the other satisfaction factors.

There was also some variation in satisfaction with the outcomes of the services on the basis of Child Behavior Checklist scores, with clients scoring in the clinical range on both the internalizing and externalizing composites showing the lowest satisfaction ratings. Clients with scores that did not fall into the clinical range on either composite or who had clinical-range intake scores only on the internalizing composite reported the highest levels of satisfaction with outcomes. Other satisfaction factors were not associated with Child Behavior Checklist scores.

33. Wilder Foundation Child Guidance Clinic: Parent Satisfaction Increased Slightly with Hours of Service, but Peaked at about 10 hours (1993-1998)



34. Wilder Foundation Child Guidance Clinic: Parent satisfaction with outcomes varies by type of problem



## SUMMARY OF RESULTS

### 35. Wilder Foundation Child Guidance Clinic: Summary of Results (Child Behavior Checklist)

<p>Wilder Foundation Child Guidance Clinic <b>Summary of Results</b></p>
<p><b>Child Behavior Checklist:</b></p> <ul style="list-style-type: none"><li>• <b>Seriousness of children's problems rose somewhat from 1988 - 1999.</b></li><li>• <b>Aggressive and delinquent behaviors are the most frequent behavior problems seen in clinic.</b></li><li>• <b>Improvement rates remained quite stable despite a sharp decline in hours of service per client.</b></li><li>• <b>Improvement rates are currently somewhat higher for internalizing problems than for externalizing problems.</b></li></ul>

### 36. Wilder Foundation Child Guidance Clinic: Summary of Results (Parent Satisfaction)

<p>Wilder Foundation Child Guidance Clinic <b>Summary of Results</b></p>
<p><b>Parent Satisfaction:</b></p> <ul style="list-style-type: none"><li>• <b>Satisfaction has increased in the past six years.</b></li><li>• <b>Satisfaction with staff is higher than satisfaction with outcomes.</b></li><li>• <b>Lowest satisfaction is at the extremes in hours of service (less than three, more than 18).</b></li><li>• <b>Satisfaction with outcomes appears lower for more serious problems and for externalizing problems.</b></li></ul>

## USE OF RESULTS AND LESSONS LEARNED

The final topic included in this presentation concerned the uses of evaluation by Child Guidance Clinic staff. Figure 37 summarizes some of the key uses of evaluation results. Program staff regularly review and discuss evaluation findings. These findings are used to identify trends in the results and to plan changes in services.

### 37. Wilder Foundation Child Guidance Clinic: How Clinic Staff Uses Evaluation Results

<b>Wilder Foundation Child Guidance Clinic How Clinic Staff Uses Evaluation Results</b>
<ul style="list-style-type: none"><li>• <b>Set the bar (hold up a high standard)</b></li><li>• <b>Modify follow-up questions</b></li><li>• <b>Make specific changes to improve satisfaction and outcomes</b></li><li>• <b>Discuss trends and experiences</b></li></ul>

The Child Guidance Clinic has worked with the Wilder Research Center to research therapy satisfaction and outcomes. This has resulted in “benchmarks” for what we call success. We strive for a rating of “good” or better on all satisfaction scales and we have a range for determining successful outcomes that meet or exceed psychotherapy results in the literature. We have modified follow-up questions to explore reasons why satisfaction ratings are sometimes lower than desired. For example, when parents gave us a rating of “ok” on a specific satisfaction dimension, we ask what it would have taken to earn a “good.” When parents seemed to want earlier access, we set up an automated scheduling module for easier appointment making and use.

With the advent of managed care, we have discussed various emerging trends and experiences and used such trends to negotiate contracts to assure continued clinical

quality. We developed more time specific curriculum-based programming designed for more clinic focus as well as alternative treatment modes.

One strategy for using evaluation results that is completed annually by the Child Guidance Clinic is discussion of findings by staff and construction of an action plan. Figure 38 displays a sample action plan related to those findings. These action plans provide a structure for using evaluation results by facilitating discussion of program strengths and weaknesses and specification of plans for program improvements. Figure 39 provides a sample of specific changes that were made in program services by the Child Guidance Clinic in response to evaluation results. It should be noted that funders are interested in our findings and pleased that we have high expectations and take results seriously.

**38. Wilder Foundation Child Guidance Clinic: Sample Action Plan for Using Evaluation Results**

Wilder Foundation Child Guidance Clinic				
<b>Sample Action Plan for Using Evaluation Results</b>				
<b>Measure</b>	<b>Strengths/Improvements</b>	<b>Action Plan</b>	<b>By Whom</b>	<b>Date of Completion</b>
<b>Outcomes</b>				

**39. Wilder Foundation Child Guidance Clinic: Examples of Changes Prompted by Evaluation Results**

<b>Wilder Foundation Child Guidance Clinic Examples of Changes Prompted by Evaluation Results</b>
<ul style="list-style-type: none"><li>• <b>More guidance for parents on how to cope</b></li><li>• <b>No clinic waiting list</b></li><li>• <b>Waiting room tidiness</b></li><li>• <b>Healthy snacks in the waiting room after school</b></li><li>• <b>Develop new projects</b></li><li>• <b>Close or modify projects</b></li><li>• <b>Research results posted in waiting room</b></li></ul>

Figures 40 and 41 summarize stakeholder use of evaluation results. As seen in Figure 40, evaluation results are shared with funders, clients and families, professional peers, and similar programs. Of course, program staff are a key recipient of evaluation results. Over the past ten years, the interest of the staff in evaluation procedures and results has steadily increased. Today, program staff are committed to participating in the evaluation process and regularly request special studies and analyses related to client services, population served, parent satisfaction, and Child Behavior Checklist scores (see Figure 41). An example of one special study that was conducted was an examination of whether clients who “dropped out” of service after one session differed significantly from those that did not.

40. **Wilder Foundation Child Guidance Clinic: Other Audiences for Evaluation Results**

<b>Wilder Foundation Child Guidance Clinic Other Audiences for Evaluation Results</b>
<ul style="list-style-type: none"><li>• <b>Funders</b></li><li>• <b>Clients and families</b></li><li>• <b>Professional peers</b></li><li>• <b>Similar programs</b></li></ul>

41. **Wilder Foundation Child Guidance Clinic: Growth of Staff Interest in Evaluation Results**

<b>Wilder Foundation Child Guidance Clinic Growth of Staff Interest in Evaluation Results</b>
<ul style="list-style-type: none"><li>• <b>In early years, mild interest at best</b></li><li>• <b>Growing recognition of practical value</b></li><li>• <b>Now viewed as integral part of the program</b></li><li>• <b>Requests for special studies</b></li></ul>

## **CHALLENGES**

The final topic of this presentation concerned a variety of challenges in designing and carrying out the evaluation of the Child Guidance Clinic (see Figure 42). One of the biggest challenges associated with conducting this evaluation is difficulty contacting some parents six months after intake to complete the second Child Behavior Checklist and the satisfaction questionnaire (see Figure 43). Figure 44 summarizes three of the key uses of the evaluation results.

### **42. Wilder Foundation Child Guidance Clinic: Challenges in Evaluation Design**

<b>Wilder Foundation Child Guidance Clinic Challenges in Evaluation Design</b>
<ul style="list-style-type: none"><li>• <b>Choosing the right measures</b></li><li>• <b>Defining the “customer”</b></li><li>• <b>Setting benchmarks</b></li><li>• <b>Finding comparison data</b></li><li>• <b>The work is getting harder</b></li></ul>



43. **Wilder Foundation Child Guidance Clinic: Difficulty Reaching Families for Follow-Up**

<p><b>Wilder Foundation Child Guidance Clinic</b> <b>Difficulty Reaching Families for Follow-up</b></p>
<ul style="list-style-type: none"><li>• <b>Increasing family mobility</b></li><li>• <b>Increasing stress and instability in families</b></li><li>• <b>Families without telephone service</b></li><li>• <b>School-based and home-based services make pretests harder to get</b></li></ul>

44. **Wilder Foundation Child Guidance Clinic: Uses of Evaluation Results**

<p><b>Wilder Foundation Child Guidance Clinic</b> <b>Summary: Uses of Evaluation Results</b></p>
<ul style="list-style-type: none"><li>• <b>Understand trends and factors that affect our work</b></li><li>• <b>Make specific changes to improve clinic effectiveness</b></li><li>• <b>Communicate clinic results</b></li></ul>



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