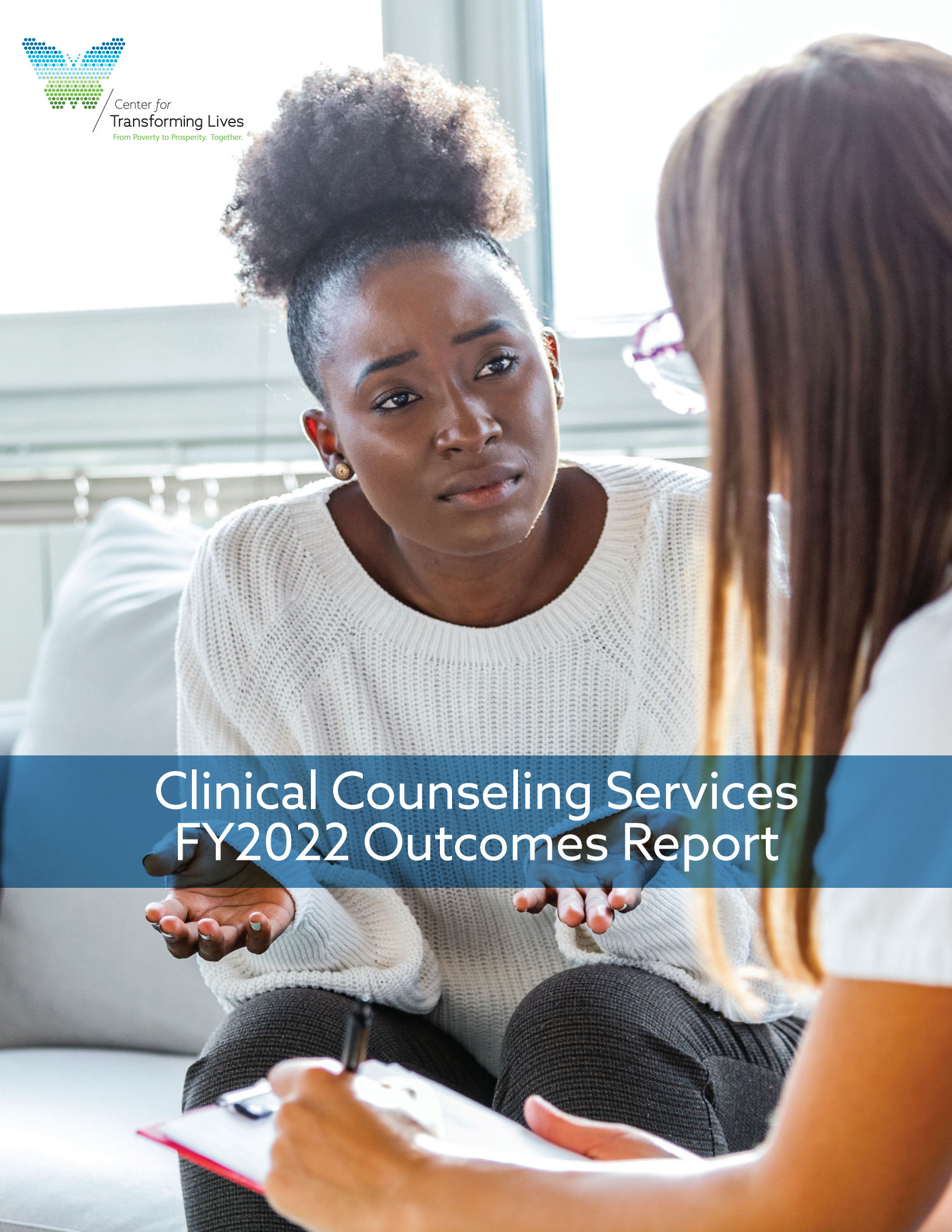
Center for Transforming Lives

From Poverty to Prosperity. Together.



Clinical Counseling Services FY2022 Outcomes Report

Table of Contents

Organizational Overview

For 115 years, Center for Transforming Lives (CTL) has partnered with and supported women and children to move from poverty to prosperity. Founded in 1907 as the YWCA® of Fort Worth and Tarrant County, early programs in the 1930s included housing, an employment bureau, and childcare for working mothers. In 2015, the organization changed its name to Center for Transforming Lives (CTL) to clearly articulate its longstanding mission.

Today, we walk with women, children, and families to move out of poverty and into self-sufficiency by providing safe, affordable housing, early childhood education, clinical counseling, and economic mobility services. Such services include personal career and financial coaching, matched savings, small business development, and job training and placement. Utilizing a two-generation trauma-informed approach, the organization is uniquely positioned to meet the intense and complex needs of women and children in poverty.

Clinical Counseling Philosophy

It is the philosophy of CTL to walk alongside women and children to disrupt cycles of poverty. In doing so, we partner with women and families to address the root causes of poverty and abuse, generate sustainable solutions, create intergenerational cycles of emotional and financial well-being, and reduce racial disparities.

Given the specific needs of the priority population, CTL provides four interrelated services (housing, childcare, economic mobility, and clinical counseling) designed to help women and children eliminate the root causes of poverty and build intergenerational assets for financial and emotional cycles of well-being. This multi-focus model reduces the need for uncoordinated referrals across multiple systems and removes barriers so families can thrive. Implementing services within the framework of trauma-informed care, Clinical Counseling Services (CCS) are responsive to the unique needs of women and children experiencing poverty utilizing the following key components:

- Creating "felt" safety (i.e., trauma-informed environments).
- Building and sustaining trusting relationships with children and parents/guardians.
- Collaborating and promoting autonomy.
- Identifying and assessing trauma.
- Addressing traumatic stress.
- Giving "voice" and "choice" and empowering women to make decisions that directly impact their lives.

Our work seeks to eradicate barriers to financial and emotional well-being perpetuated by racially inequitable policies and practices. Throughout our community and state's history, Black, Indigenous, and People of Color (BIPOC) have had inequitable access to programs and resources, thus substandard maternal and child outcomes. We contribute programmatically and through local, state, and federal advocacy to ensure that racial and/or ethnic identity does not predict outcomes.

Goals and Strategies

Center for Transforming Lives' CCS program is dedicated to the emotional well-being of women, children, and families and utilizes evidence-based, trauma-informed individual and family therapeutic modalities. When left untreated, the byproducts of trauma can often lead to disruptive behaviors, mental health concerns, unhealthy relationships, and/or substance use. To address these issues, CTL employs therapists who are licensed and trained in therapeutic modalities proven to reduce symptomology and increase well-being in children and adults. The therapeutic interventions utilized have been identified as effective in meeting the needs, behaviors, demographics, and symptomology of the families served.[1]

CCS offers counseling for children up to age 17, adults, and services for the whole family. CTL Therapists work with children and parents through traditional counseling and play therapy. Licensed therapists provide individual, family, and group therapy to all CTL participants, addressing trauma and its related symptoms. Some challenges addressed include, but are not limited to, the following:

- Anxiety, depression, and/or substance abuse.
- Conflict at home.
- Bullying.
- Anger management.
- Talk of running away.
- Behavioral concerns in the home and school.
- School disruptions.
- Abuse/traumatic experiences.
- Intimate partner violence/family violence.
- Relationship difficulties relating to family, home, and work situations.
- Grief and loss.
- Parenting skills.

[1] Trauma-informed care: What it is, and why it's important - Harvard Health

Therapeutic Modalities

The goal of CCS is to increase child and parent success in the academic, employment, and home environments by reducing the emotional instabilities and behavioral impacts of trauma resulting from violence. Participants are supported in increasing their ability to regulate emotions and behaviors. Child Victim Trauma Intervention (CVTI) is a two-generation program providing therapeutic services to both parents and children. CVTI therapists work in unison to provide individual and family therapy simultaneously to reduce symptoms of trauma and promote secure attachments within the family.[2]

CVTI Therapeutic Modalities include, but are not limited to:

- **Eye Movement Desensitization Reprocessing (EMDR)** – this modality has been widely recommended for trauma survivors, allowing the brain to resume its natural healing process by resolving unprocessed traumatic memories in the brain. The International Society for Traumatic Stress Studies (2018) has indicated EMDR as an effective treatment for post-traumatic stress symptomology.[3]
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** – this modality is an evidence-based treatment approach utilizing child and parent therapy sessions for children ages 3 to 18 years and consists of eight components identified by the acronym P-R-A-C-T-I-C-E, which stands for Psychoeducation and Parenting Skills, Affect Identification and Regulation, Cognitive Coping, Trauma Narration and Processing, In-vivo Mastering, Conjoint Child-Parent Sessions, and Enhancing Safety and Future Development. TF-CBT has been demonstrated to be highly effective for children and families of various cultural and socioeconomic backgrounds.[4]
- **Child Parent Relationship Therapy (CPRT)** – is a play therapy-based treatment program for young children presenting with behavioral, emotional, social, and attachment disorders. CPRT is a systemic intervention grounded in Child-Centered Play Therapy (CCPT) theory and attachment principles. CPRT is based on the premise that a secure parent-child relationship is essential for a child's well-being. Play therapy demonstrates a significant treatment effect on reducing children's levels of disruptive behaviors when compared to the children in other therapeutic modality groups. Three other studies show significant findings including 1) reducing behavior problems, 2) reducing parent-child relationship stress, and 3) increasing parent's empathic behaviors.[5]

[2] Clinical Counseling Services (transforminglives.org)

[3] https://www.istss.org/treating-trauma/new-istss-prevention-and-treatment-guidelines.aspx

[4] About Trauma-Focused Cognitive Behavior Therapy (TF-CBT) - Trauma Focus Cognitive Behavioral Therapy Certification Program (tfcbt.org)

[5] Child-Parent Relationship Therapy | Center for Play Therapy (unt.edu)

Dialectical behavior therapy (DBT) – is a specific type of cognitive-behavioral psychotherapy developed in the late 1980s by psychologist Marsha M. Linehan that utilizes a cognitive-behavioral approach. The four components of DBT include Mindfulness, Interpersonal Effectiveness, Distress Tolerance, and Emotional Regulation. Evidence suggests that emotional regulation skills training may improve emotional regulation specifically and have broad-reaching effects on behavioral and interpersonal functioning.

These therapeutic treatments are provided through individual sessions in agreed-upon settings to overcome transportation barriers and to increase the likelihood of completion of services. To determine the trauma experienced, Therapists will conduct initial and follow-up, age-appropriate assessments. For children 17 and younger, these include the Traumatic Events Screening Inventory for Children Self Report, Traumatic Events Screening Inventory Parent Report, Trauma Symptoms Checklist for Young Children, or Trauma Symptoms Checklist for Children.

Therapeutic treatment goals for children and adults are met and measured through the reduction of trauma or related symptoms in two or more of the following eight clinical scales by at least ten percentage points within three to six months of treatment:

- Trauma Symptom Checklist for Young Children (TSCYC)[6].
- Trauma Symptom Checklist for Children (TSCC)[7].
- Traumatic Events Screening Inventory for Children.
- Traumatic Events Screening Inventory Parents Report Revised.
- Trauma Symptom Inventory (TSI-2)[8].

Integrated Services

Integrated services for the whole family are offered to ensure long-term positive results for both the parent and child.

1. Economic Mobility Services - provides comprehensive and integrated access to workforce readiness education, financial coaching, and small business development resources to women on the path to independence.

2. Housing Services - provides housing and shelter to women and children experiencing homelessness. Participants utilize services to improve their well-being and transition into permanent housing and independence.

3. Clinical Counseling Services- provides evidence-based counseling services to increase emotional well-being for all. These services address mental, behavioral, and emotional challenges for adults and children who have experienced traumatic life events.

4. Child and Family Services - provides high-quality, affordable, year-round education at four child development centers and partners with other childcare centers throughout Tarrant County to offer Early Head Start, Head Start, and traditional childcare.

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[6] Trauma Symptom Checklist for Young Children | TSCYC (parinc.com)

[7] Trauma Symptom Checklist for Children | TSCC (parinc.com)

[8] Trauma Symptom Inventory-2 | TSI-2 (parinc.com)

Priority Population

The target population for Clinical Counseling Services is children and families who have experienced homelessness or are at risk of homelessness and/or have been exposed to trauma and violence. Behaviors exhibited by children enrolled and observed include hoarding food, self-isolation, interpersonal aggression, frustration intolerance, frequent crying/tantrums, impulsive and explosive behavioral outbursts, stealing, and running away. Disruptive behaviors often result in suspension from school, thereby increasing the instability of the family. Symptoms reported by adults enrolled in CTL include anxiety, depression, intimate partner violence, post-traumatic stress, and substance use/abuse.

Tarrant County emergency shelters are limited in capacity to offer evidence-based trauma treatment services for children and families. CTL's housing services, coupled with our extensive trauma-informed service delivery network (in-house employment/financial coaching, quality childcare, case management, and therapeutic intervention supports), offer a unique opportunity for children and caregivers to physically and emotionally heal from their trauma. Exacerbating the challenges families in poverty have in accessing services in Tarrant County are the shortage of mental health providers and barriers to public transportation. CTL is committed to providing quality, community-based therapy that combats exposure to trauma.

CCS supports women and children (ages 3 to 17) experiencing behavioral and or emotional distress and mental health instability. Participants eligible for services:

- Report a history of trauma or victimization.
- Reside in Tarrant County or are fleeing intimate partner violence.
- Experience psychosocial stressors that impair daily functioning in one or more areas of life.
- Meet eligibility requirements of referring program/agency or applicable funding authority.

CCS prioritizes participants by the acuity of need and emergent situations; specifically, participants experiencing:

- Active involvement with Child Protective Services.
- Risk of involvement with Child Protective Services with the possibility of losing physical custody of a child(ren) due to suspected or substantiated abuse or neglect.
- Complex situations and co-occurring needs.
- Intimate partner violence, a recent assault, the victim of a crime.
- The need for immediate therapeutic intervention due to a high-level of acuity and presentation of social and emotional stressors.
- The need for continued treatment stabilization following a higher level of care provision.

Participants may also experience psychosocial stressors that impact the development and maintenance of healthy parent-child relationships, safe and stable long-term permanent housing, and financial well-being. Stressors can include but are not limited to:

- Employment instability or other financial stressors.
- Housing instability/homelessness.
- Legal issues.
- Parenting concerns.
- Relationship difficulties.
- School (behavioral, social-emotional challenges).
- Witnessing violence in the home.
- Work challenges.
- Other psychosocial stressors contributing to current life disturbances.

FY2022 Performance Measures

The Clinical Counseling Program set the following measurable FY2022 outputs and outcomes:

1. CCS will provide at least 225 unduplicated participants with counseling services.
2. CCS will provide 3800 hours of counseling to participants across all CTL programs.
3. CCS will conduct at least 22 group counseling sessions with at least 35 Emergency Shelter and/or Transitional Housing participant attendees.
4. 60% of CCS participants served who received services for a minimum of 90 days will experience a reduction in score of at least one point in at least one of the domains on the Trauma Symptom Inventory from pre-test to post-test by program exit.[9]

[9] CTL Victims of Crime Act (VOCA) grant

Evaluation Methodology

Moving women and children out of poverty to independence is a complex goal and includes a multifaceted strategy that includes obtaining employment, finding secure and stable housing, ensuring a strong support network, addressing legal issues, finding regular childcare, and many other necessary steps. Trauma symptom inventories are currently utilized to demonstrate the efficacy of the program.

The Trauma Symptom Inventory (TSI) is a 100-item psychological assessment used to tap and measure a broad range of posttraumatic symptomatology. These symptoms may include but are not limited to the adverse outcomes of rape, spousal abuse, combat, natural disasters such as earthquakes and hurricanes, horrific accidents, and childhood abuse. The TSI has 10 clinical scales that assess various symptom domains related to trauma: Anxious Arousal, Depression, Anger/Irritability, Intrusive Experiences, Defensive Avoidance, Dissociation, Sexual Concerns, Dysfunctional Sexual Behavior, Impaired Self-Reference, and Tension Reduction Behavior. The TSI also includes three validity scales that may be useful in identifying response tendencies that would invalidate the test results. These scales assess Atypical Responses, Response Levels (very low reporting), and Inconsistent Responses.

Multidisciplinary Team Meetings (MTM) are regularly held to review each family's progress toward achieving financial and emotional well-being, monitor ongoing needs, and help oversee the service plan. When possible, meetings include the family, case manager, CTL service providers, and other external providers.

Performance Quality Improvement (PQI) staff and program subject matter experts track and report outputs and outcomes, demographic information, and services provided from the point of entry through discharge utilizing Excel. Quarterly Scorecards are used to examine and report on outcome metrics and progress toward goals and targets.

Numbers Served

Performance Target: CCS will provide at least 225 unduplicated participants with counseling services in FY2022.

During Fiscal Year 2022, CCS served 201 participants including 175 adults and 26 children. This is a 21% decline from the 255 participants served in FY2021, and slightly short of the FY2022 target. Notably, two therapists and the director positions were vacant for the second portion of the year.

Nine participants from the Emergency Shelter program began participating in CCS. When those nine participants then moved into the Transitional Housing program, they continued to be served by CCS. Therefore, most of this report counts those participants in Transitional Housing, especially for the purposes of outcomes.

Chart 1(a). Illustrates YOY Comparisons of participants served by CCS in FY2020 – FY2022.

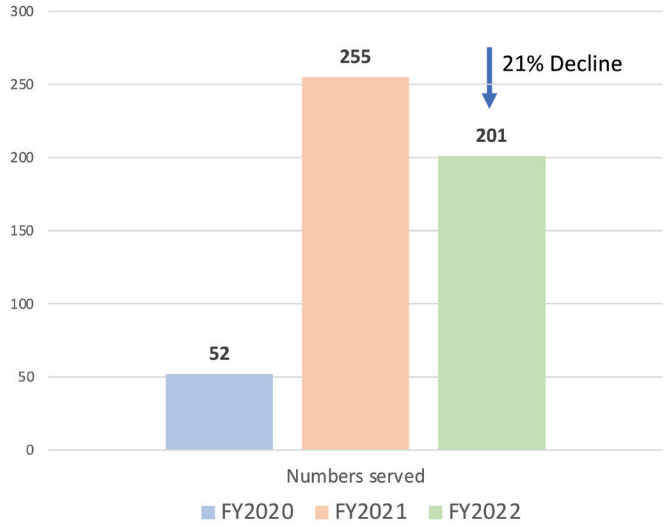
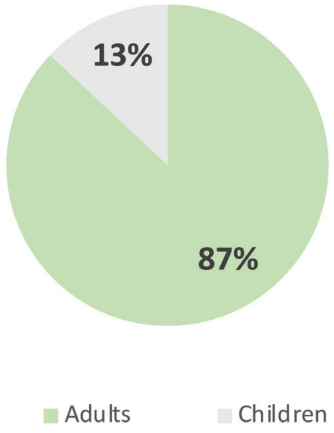
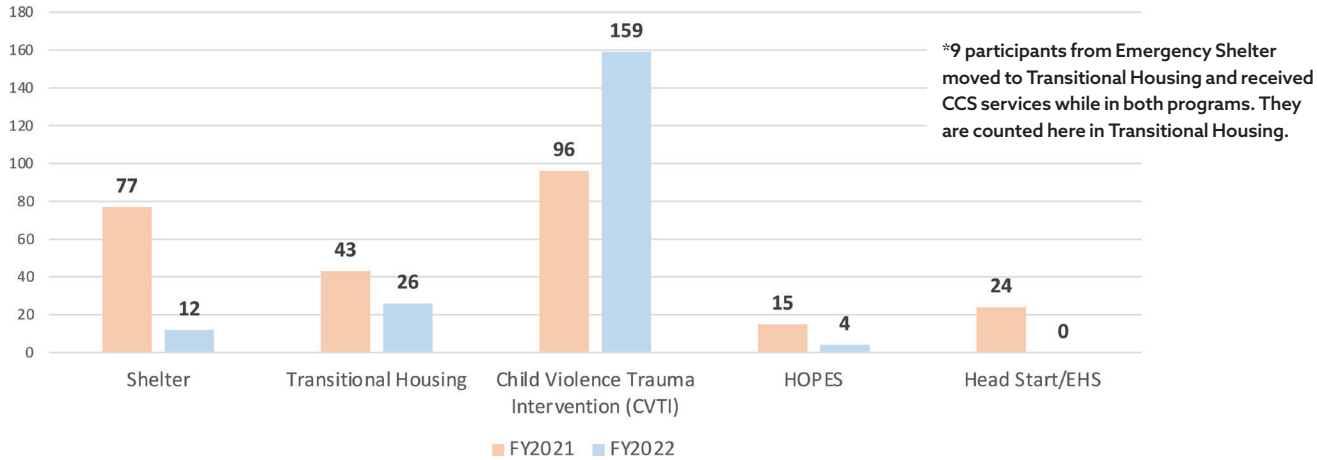


Chart 1(b). Illustrates the percent of participants who are adults and the percent served who were children in CCS in FY2022.



The majority of participants in CCS were served through general CVTI (79%). Six percent of the participants served were a part of the CTL Emergency Shelter program, and 13% participated in the Transitional Housing program. In FY2022, only 2% of participants served were funded by HOPES, and there were no participants served this year from the Head Start and/or Early Head Start programs.

Chart 1(c). Illustrates the Number of Participants Served by CCS Program in FY2022.



***9 participants from Emergency Shelter moved to Transitional Housing and received CCS services while in both programs. They are counted here in Transitional Housing.**

Participant and Program Outcomes

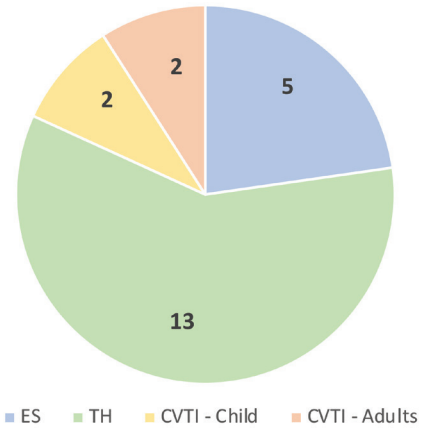
Group Counseling

Performance Target: CCS will conduct at least 22 group counseling sessions with at least 35 Emergency Shelter and/or Transitional Housing participants in FY2022.

Group counseling sessions were conducted throughout FY2022 except for November 2021 through April 2022. Group sessions are also not typically conducted for CVTI clients. However, during this fiscal year, one family group counseling session was held for CVTI. **Twenty-two group sessions were conducted in FY2022; CCS met the target set for this fiscal year.**

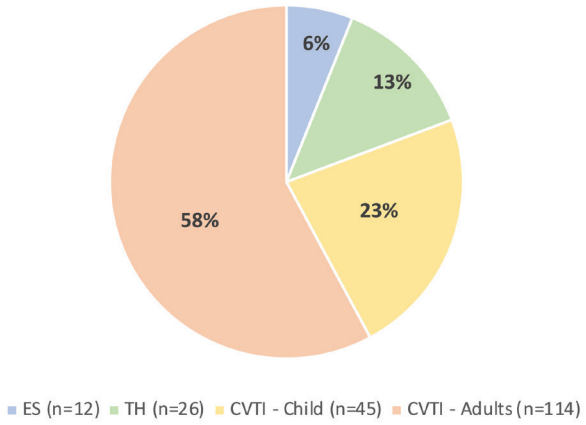
The data indicates that CCS served 38 participants (duplicated count) from Emergency Shelter and/or Transitional Housing and met the target for FY2022, which was set at 35 group counseling participants from Emergency Shelter and/or Transitional Housing.

Chart 2(a). Illustrates the number of group counseling sessions provided per sub-program, for CCS during FY2022



*Group sessions did not occur from November 2021 – April 2022.

Chart 2(b). Illustrates the number and percentage of participants attending group sessions by program for CCS during FY2022.



*Data is not included for 4 children from the HOPES program since group sessions are not available in that program.

Clinical Hours Provided

Performance Target: CCS will provide 3800 hours of counseling to participants across all programs in FY2022.

CCS provided 1,609 hours of counseling to CTL participants in FY2022, falling short of the goal of 3800 clinical hours across all programs. This is a 44% decline from the previous year when 2,876 hours were reported. As noted above, two therapists and the director positions were vacant for the second portion of the year.

When examining all programs and services, there was an average of 8 clinical hours provided per participant in FY2022. Average counseling hours for each sub-program participant include:

- CVTI – averaged 3.9 hours per participant
- Emergency Shelter – averaged 4.7 hours per participant
- Transitional Housing – averaged 15.3 hours per participant

Chart 3(a). Illustrates total clinical service hours YOY comparisons for CCS during FY2021 – FY2022.

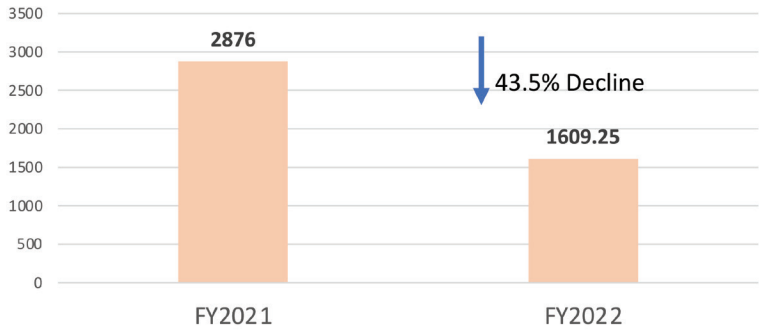
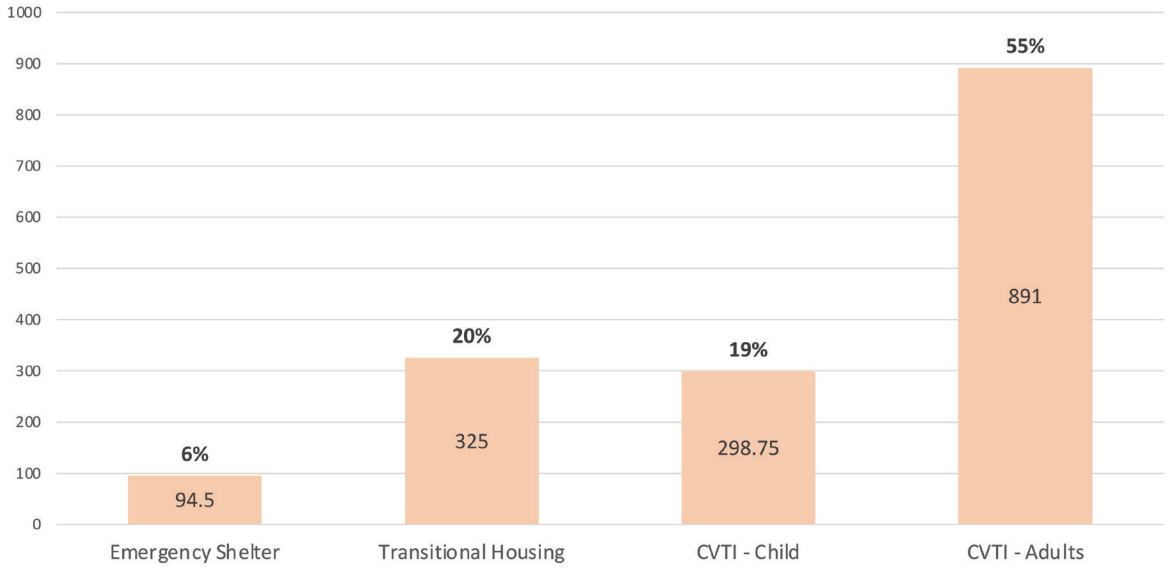


Chart 3(b). Illustrates clinical services hours by program and percent of total for CCS during FY2022.



Trauma Symptoms

Performance Target: Sixty percent of CCS participants served who received services for a minimum of 90 days will experience a reduction in score of at least one point in at least one of the domains on the Trauma Symptom Inventory from pre-test to post-test by program exit.

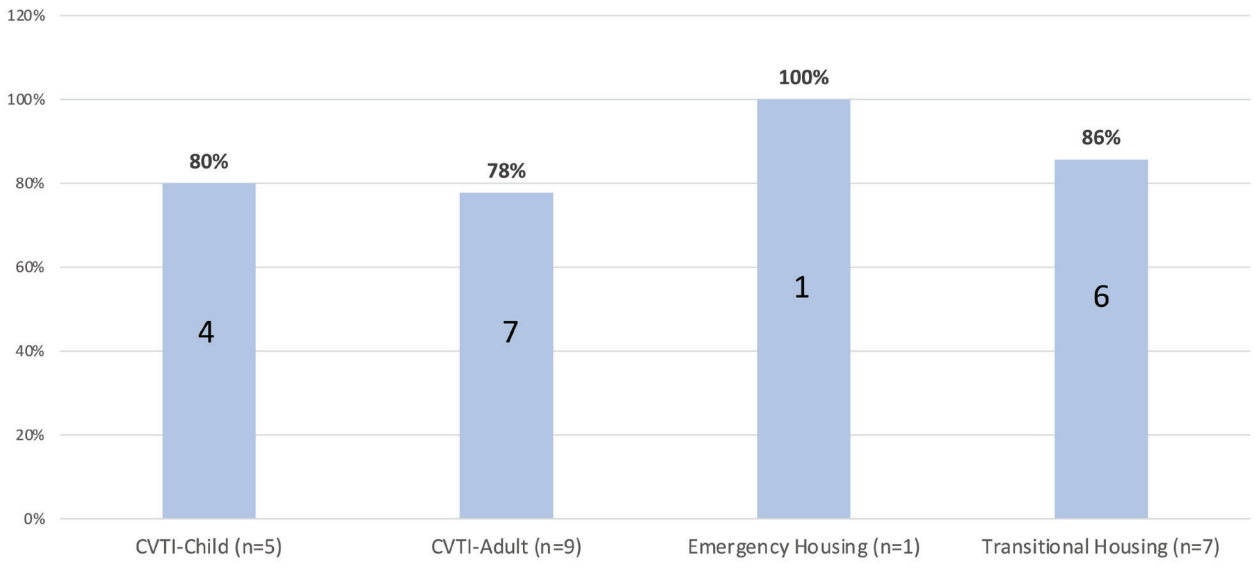
Life Domains assessed for this performance target include:

- Anxiety, Intrusive Experiences.
- Defensive Avoidance.
- Dissociation.
- Sexual Disturbance.
- Tension Reduction Behavior.
- Impaired Self-Reference.
- Depression.
- Suicidality.
- Sexual Disturbance.
- Tension Reduction Behavior.

In FY2022, 58% (101 of 175) of adult counseling participants completed at least one TSI assessment. Only 17% (17 of 101) of those participants completed a second assessment and were included in the analysis. 81% (21 of 26) of child counseling participants were assessed with at least one TSCC or TSCYC in FY2022.[10] 24% (5 of 21) of those participants completed a second assessment and were included in the analysis. Thus, 22 total child and adult counseling participants had at least two trauma symptom assessments completed.

Eighty-two percent (18 of 22) of CCS participants, who received services for a minimum of 90 days and had at least two trauma symptom assessments, experienced a reduction in score of at least one point in at least one of the domains on the Trauma Symptom Inventory from pre-test to post-test, exceeding the CCS goal of 60% for FY2022.

Chart 4. Illustrates the percentage of participants with improvement in one or more life domains according to the TSI for CCS in FY2022.



***Results only calculated for participants with at least two trama symptom assessments.**

[10] Transforming Lives Scale assessment results are not presented in this document since the record of results for participants can be found in other departmental annual outcomes reports. TL Scale data collection by CCS resulted in a minimal sample size that does not provide meaningful understanding of outcomes associated with that scale.

Exiting Program

In FY2022, 95 participants exited CCS. Of those, 43% were planned exits, meaning participants achieved their personal counseling goal. Twenty-four percent were unplanned, and 3% were involuntary. Exit data is unknown for 30% of exiting participants for FY2022.

Chart 5(a). Illustrates exit types by the percentage of total exits for CCS during FY2022

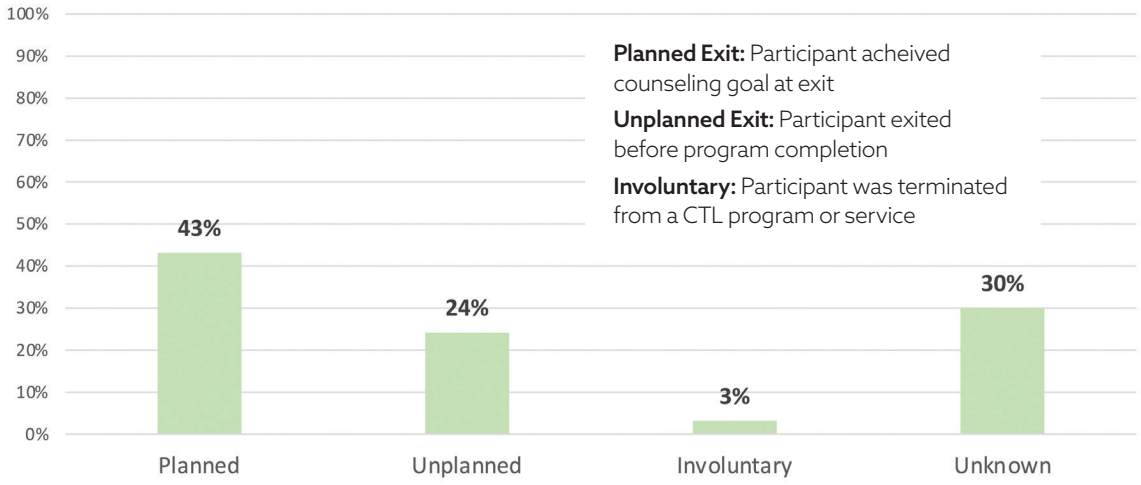
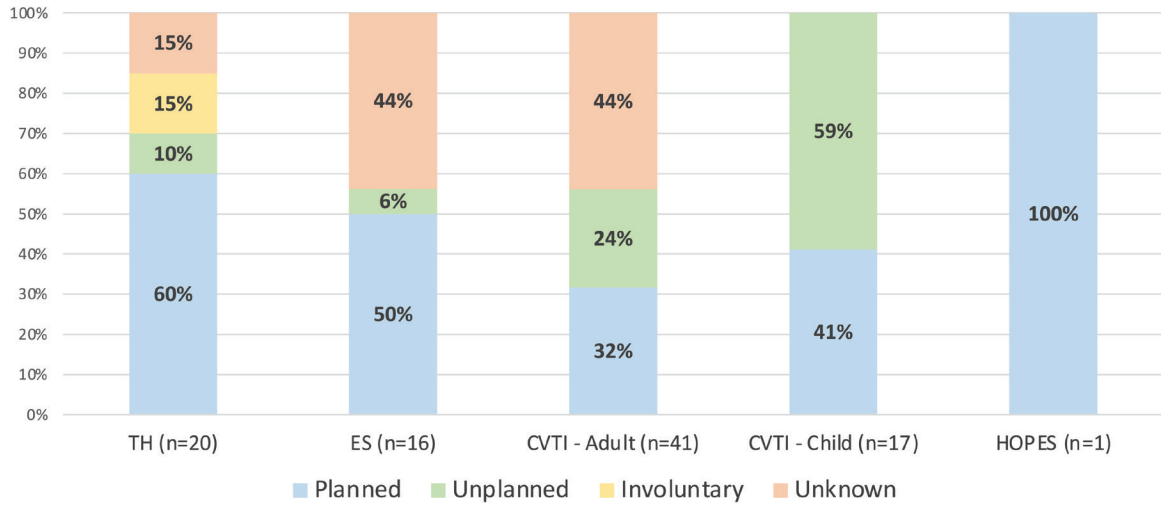


Chart 5(b). Illustrates exit types by program as a percentage of the total exits, Clinical Counseling Services, FY2022



Findings

- CCS served 201 unduplicated adult and child participants in FY2022, which is a decline of 21% from the 255 served in FY2021. CCS did not reach its FY2022 goal of serving 225 participants.
- CCS provided 1,609.25 clinical service hours to participants in FY2022, which is a decline of 44% from the hours provided in FY2021 (2876 hours).
- CCS met FY2022 targets for the number of group counseling sessions conducted (22) and exceeded the target for the number of participants served via group counseling (35). Data recorded for group counseling session attendance is not unduplicated for FY2022.
- Only 10% of participants completed two or more documented TSI assessments at appropriate intervals. The percentage of participants who showed a reduction in trauma symptoms for at least one life domain within this limited sample was 82%, thus exceeding the performance target of 60%.
- Demographic information on all program participants needs to be collected, documented, and analyzed for comparison with other CTL departments. As of FY2022, demographic data is only collected and documented for participants who are a part of the documentation process required for the VOCA grant.
- Participant follow-up data is needed to understand the longer-term impact on service recipients at various intervals after the completion of clinical services.

Recommendations Based on Findings

To further improve service and outcomes, this section of the report communicates areas of focus for FY2023. Progress will be tracked and reported quarterly. Improvements will be implemented using the Plan, Do, Study, Act process cycle.

CTL's Cycle of Well-Being (Theory of Change)

- Ensure all CCS employees receive training in trauma-informed care, two-generation approach, and Cycles of Well-being.

Continue Trauma-Focused Case Consultation in a space that provides support and allows employees to discuss participant strengths and presenting challenges openly. Offer trauma-informed strategies that address service delivery barriers.

Trauma Symptoms Inventory

- Train new and existing employees in accurately completing the TSI to inform treatment plans.

Eligibility, Screening, and Assessment

Appropriately assessing applicants is critically important to their success in any designated program.

- Train/re-train new and existing employees in Eligibility, Screening, Admission, and Assessment Procedure and Practice.

Participant and Program Evaluation

Additional performance measures and targets are required to understand and communicate CCS impact on the target population. Specifically, performance measures utilizing Salesforce are needed for the following:

- Program capacity and utilization of capacity.
- Ability to distinguish between new and continuing participants.
- Complete documentation of exit types.
- The number and type of support groups provided.
- The number of screenings conducted.
- Referral results, tracking, and length of time to counseling service.
- Number and percent of participants screened and enrolled within seven days of referral receipt.
- Emotional disturbances and/or disruptive reports at home, work, and/or school.
- Percent of participants with improved mental health (TL Scale).
- Track the number of households served accurately.
- Track beneficiaries accurately.

Multidisciplinary Team Meetings

Train employees on the fundamentals of family engagement techniques. Monitor for implementation in individual and group supervision and case notes.

- Formalize Family Team Meetings across Clinical Counseling Services. Coordinate services with Housing Services, Economic Mobility Services, and Child and Family Services, and include service providers in initial and recurring team meetings.

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