

An Introduction to Evidence-Based Evaluations

Measuring Change

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Introduction:

This session provides an overview of evaluations that can *demonstrate and measure* the value of the services or programs you are delivering.

We'll explore:

- Why evidence-based evaluations should be a key part of comprehensive evaluations
- How to facilitate evidence-based analyses
- What to measure

I) Why Evidence-Based Evaluations Are Important

Elements of Comprehensive Evaluations

- They identify who you are serving: their characteristics, strengths, needs
- They evaluate your:
 - Processes
 - Outputs
 - Outcomes and Impacts
 - Clients'/participants' satisfaction with your programs or services

Why Measure Outcomes?¹

To measure and demonstrate the effectiveness of a program or service

How do you know if a program or service is effective? If a program is not effective, what steps should you take to improve this situation?

Logic Models are essential precursors to demonstrating program effectiveness by measuring change

¹ *Measuring Outcomes*, Page 5

<http://strengtheningnonprofits.org/resources/guidebooks/MeasuringOutcomes.pdf>

Why Measure Outcomes?

To identify effective practices

With the information you collect, you can determine which activities to continue and build upon.

Some activities might be modified and replicated for other programs or initiatives based on your results.

Why Measure Outcomes?

To identify practices that need improvement

Some activities may need to change in order to improve the effectiveness of your program.

Why Measure Outcomes?

To demonstrate your value to existing and potential funders

The climate for funding social services and capacity building is undergoing some extensive transformations. Funders are keenly aware of the need to document the success of programs.

Why Measure Outcomes?

To get clarity and consensus around the outcomes and impacts of your program

Everyone in your organization, from board members to service staff and volunteers, should understand what is going on in your program and what it is intended to achieve.

Outcome measurement helps to communicate the impact of your program or service to a range of audiences.

The Operational Terms Are:

- *Determining*
- *Identifying*
- *Demonstrating*
- *Measuring*
- *Documenting*
- *Communicating*
- *Clarity*

II) Facilitating Evidence-Based Analyses

Facilitating Evidence-Based Analyses

- An important method for facilitating evidence-based analyses involves, in part, replicating specific questions or scales *over time*. Usually:
 - Upon entry to a program or service (T1)
 - Upon closure or exit (T2)
 - At follow-up, if possible (T3)
- The questions and scales you select should directly relate to your **measurable outcome objectives**, as highlighted through your *Logic Model*.

Facilitating Evidence-Based Analyses

- The goal of these analyses is to *demonstrate* whether your program or service is achieving the kinds of growth or changes they are designed to achieve. That is, *measuring change over time*.
- By including clients' characteristics, strengths and needs as part of your dataset, you can also measure for whom the program or service is most (and least) effective.

Facilitating Evidence-Based Analyses

- To facilitate ongoing collection of evidence-based data, some programs and services develop administrative forms that include:
 - *Assessment Forms* that record the characteristics, conditions, strengths and needs of their clients upon entry, and their reasons for seeking out your services
 - *Closure Forms* that replicate key questions, as well as include questions regarding service processes and outputs

Facilitating Evidence-Based Analyses

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"Evaluations As Process"

Facilitating Evidence-Based Analyses

➤ Through this process they are collecting pretest and post-test data on their clients on an ongoing basis.

➤ The result is the potential to explore client and service trends over time, with a minimum of disruption for clients and their service providers.

Facilitating Evidence-Based Analyses

- Statistical analyses are required to determine whether variations over time are *statistically significant*.
- Comparative analyses can be undertaken in two ways:
 - Through *group-wise comparisons*
 - Through the use of *Repeated Measures*

Facilitating Evidence-Based Analyses

For our purposes today:

- Group-wise comparisons provide comparative analyses for groups of clients collected at entry, at closure, and possibly at follow-up.
- Repeated measures indicates that the pretest and post-test data are linked for each individual client in the dataset.

Facilitating Evidence-Based Analyses

For our purposes today:

➤ Group-wise comparisons provide comparative analyses for groups of clients collected at entry, at closure, and possibly at follow-up.

➤ Repeated measures indicates that the pretest and post-test data are linked for each individual client in the dataset.

▪ Clients who only answered a question at entry *or* exit, and not both times, are excluded from this analysis.

Facilitating Evidence-Based Analyses

An advantage of using Repeated Measures:

The example of a program with 100 clients.

Facilitating Evidence-Based Analyses

An advantage of using Repeated Measures:

The example of a program with 100 clients.

Let's say that you have:

50 clients
who completed a
series of questions
upon Entry

and

50 clients
who completed
a series of
questions upon
Exit

Facilitating Evidence-Based Analyses

➤ Based on *group-wise comparisons* you could not necessarily say, with certainty, that the same 50 people answered these question both times.

➤ In fact, the two groups could theoretically be comprised of totally different clients.

Facilitating Evidence-Based Analyses

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This would be a problem as you're trying to analyze the implications of your findings.

Facilitating Evidence-Based Analyses

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- In fact, the two groups could theoretically be comprised of totally different clients.

This would be a problem as you're trying to analyze the implications of your findings.

- Using Repeated Measures eliminates this problem.

Facilitating Evidence-Based Analyses

The use of Unique Identifiers is an essential requirement for using *Repeated Measures*.

- *To merge data from varied datasets, each client is assigned a unique code.*
- *These codes are included on each form and entered into each dataset for each client.*
- *You merge the pretest and post-test datasets using SPSS (or other statistical software) based on these codes.*

Facilitating Evidence-Based Analyses

Statistical tests would be used to empirically measure the degree and direction of change related to each area of inquiry in your analysis

III) KNOWING WHAT QUESTIONS TO ASK

Knowing What Questions To Ask:

A common question asked by many evaluations is:

Do you feel you have achieved your original objectives for participating in this program?

- Very Much Somewhat Not Very Much Not At All

Knowing What Questions To Ask:

While the data from this type of question can be statistically analyzed, the findings do not reflect evidence of a program's outcomes, as the responses are clients' perceptions.

As such, this question reflects clients' satisfaction with the program or service.

Knowing What Questions To Ask:

This would also apply to questions such as:

- Have you found better ways to cope?
- Do you experience less anxiety/depression?
- Do you have improved self-esteem?
- Do you feel more confident now than before you attended this program?
- Do you have a healthier lifestyle now?
- Are you able to avoid using alcohol or other drugs?

Knowing What Questions To Ask:

Again, these are all important *client satisfaction questions* that should be included in most comprehensive evaluations.

However, they are not *evidence-based indicators* of program outcomes or impacts.

Knowing What Questions To Ask:

➤ To recap, evidence-based evaluations *measure change over time*.

➤ They are predicated on *measurable program objectives, as reflected through a Logic Model*.

➤ They ideally replicate questions linked to these objectives, at *points in time*, such as:

- Upon entry to a program or service
- Upon exit
- Following exit (e.g. 3 or 6 months after)

Knowing What Questions To Ask:

- Evidence-based evaluations also rely on *validated scales* as much as possible.
- Questions such as, 'how depressed do you feel?' or 'how is your self-esteem?' are replaced with validated scales that measure these factors.
- These scales are tested, over time, for their *validity and reliability*.

Knowing What Questions To Ask:

- Validity reflects how well a scale measures what it is supposed to measure.²
- Reliability refers to consistency, or the extent to which data are reproducible. Do items or questions on a survey repeatedly produce the same response regardless of when the survey is administered or whether the respondents are men or women?

²Ibid. Pages 25-26.

Some program outcomes are easy to measure

1) For *Employment Services* you can record the number of clients who found employment.

You can also record:

- Their length (duration) of employment
- Their employment sectors or occupations
- Whether they attained employment commensurate with their education, interests or skills

Some program outcomes are easy to measure

2) For *Housing Services* you can record the number of clients who found housing.

Again you can also record:

- The type and location of the residence
- The shape that the housing is in regarding safety, plumbing, appliances (etc.)
- The number of bedrooms
- How closely the residence matched clients' desired housing

**What are some other relatively
easy outcomes to measure?**



**3.1) Eight Examples of
Validated Scales**

Validated Scales

The Rosenberg Self-Esteem Scale, used since the 1960s. Tests well with a range of populations.

28) Below are a number of statements regarding how you feel about yourself now.. Please indicate the degree to which you either agree or disagree with each of these statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I am a person of worth, at least on an equal basis with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all I feel that I am a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do things as well as most other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take a positive attitude toward myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the whole, I am satisfied with myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could have more respect for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel useless at times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At times I think that I am no good at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Validated Scales

The Adolescent Depression Rating Scale (ADRS)

- | | |
|--|-----|
| 1) I have no energy for work/school | T/F |
| 2) I have trouble thinking | T/F |
| 3) I feel overwhelmed by sadness and listlessness | T/F |
| 4) Nothing really interests or entertains me | T/F |
| 5) What I do is useless | T/F |
| 6) When I feel this way I wish I were dead | T/F |
| 7) Everything annoys me | T/F |
| 8) I feel downhearted and discouraged | T/F |
| 9) I sleep badly | T/F |
| 10) School/work doesn't interest me just now,
I can't cope. | T/F |

The Beck Depression Inventory has been used in a range of mental health programs since 1996. It is designed to be administered by a mental health professional

Roche | **Beck Depression Inventory** | **Baseline**

V 0477 CRTN: _____ CRF number: _____ Page 14 patient initials: _____

BDI-II | Date: _____

Name: _____ Marital Status: _____ Age: _____ Sex: _____
 Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

<p>1. Sadness</p> <p>0 I do not feel sad. 1 I feel sad much of the time. 2 I am sad all the time. 3 I am so sad or unhappy that I can't stand it.</p> <p>2. Pessimism</p> <p>0 I am not discouraged about my future. 1 I feel more discouraged about my future than I used to be. 2 I do not expect things to work out for me. 3 I feel my future is hopeless and will only get worse.</p> <p>3. Past Failure</p> <p>0 I do not feel like a failure. 1 I have failed more than I should have. 2 As I look back, I see a lot of failures. 3 I feel I am a total failure as a person.</p> <p>4. Loss of Pleasure</p> <p>0 I get as much pleasure as I ever did from the things I enjoy. 1 I don't enjoy things as much as I used to. 2 I get very little pleasure from the things I used to enjoy. 3 I can't get any pleasure from the things I used to enjoy.</p> <p>5. Guilty Feelings</p> <p>0 I don't feel particularly guilty. 1 I feel guilty over many things I have done or should have done. 2 I feel quite guilty most of the time. 3 I feel guilty all of the time.</p>	<p>6. Punishment Feelings</p> <p>0 I don't feel I am being punished. 1 I feel I may be punished. 2 I expect to be punished. 3 I feel I am being punished.</p> <p>7. Self-Dislike</p> <p>0 I feel the same about myself as ever. 1 I have lost confidence in myself. 2 I am disappointed in myself. 3 I dislike myself.</p> <p>8. Self-Criticalness</p> <p>0 I don't criticize or blame myself more than usual. 1 I am more critical of myself than I used to be. 2 I criticize myself for all of my faults. 3 I blame myself for everything bad that happens.</p> <p>9. Suicidal Thoughts or Wishes</p> <p>0 I don't have any thoughts of killing myself. 1 I have thoughts of killing myself, but I would not carry them out. 2 I would like to kill myself. 3 I would kill myself if I had the chance.</p> <p>10. Crying</p> <p>0 I don't cry anymore than I used to. 1 I cry more than I used to. 2 I cry over every little thing. 3 I feel like crying, but I can't.</p>
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Subtotal Page 1
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Continued on Back

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NR15645

Roche | **Beck Depression Inventory** | **Baseline**

V 0477 CRTN: _____ CRF number: _____ Page 15 patient initials: _____

<p>11. Agitation</p> <p>0 I am no more restless or wound up than usual. 1 I feel more restless or wound up than usual. 2 I am so restless or agitated that it's hard to stay still. 3 I am so restless or agitated that I have to keep moving or doing something.</p> <p>12. Loss of Interest</p> <p>0 I have not lost interest in other people or activities. 1 I am less interested in other people or things than before. 2 I have lost most of my interest in other people or things. 3 It's hard to get interested in anything.</p> <p>13. Indecisiveness</p> <p>0 I make decisions about as well as ever. 1 I find it more difficult to make decisions than usual. 2 I have much greater difficulty in making decisions than I used to. 3 I have trouble making any decisions.</p> <p>14. Worthlessness</p> <p>0 I do not feel I am worthless. 1 I don't consider myself as worthwhile and useful as I used to. 2 I feel more worthless as compared to other people. 3 I feel utterly worthless.</p> <p>15. Loss of Energy</p> <p>0 I have as much energy as ever. 1 I have less energy than I used to have. 2 I don't have enough energy to do very much. 3 I don't have enough energy to do anything.</p> <p>16. Changes in Sleeping Pattern</p> <p>0 I have not experienced any change in my sleeping pattern. 1a I sleep somewhat more than usual. 1b I sleep somewhat less than usual. 2a I sleep a lot more than usual. 2b I sleep a lot less than usual. 3a I sleep most of the day. 3b I wake up 1-2 hours early and can't get back to sleep.</p>	<p>17. Irritability</p> <p>0 I am no more irritable than usual. 1 I am more irritable than usual. 2 I am much more irritable than usual. 3 I am irritable all the time.</p> <p>18. Changes in Appetite</p> <p>0 I have not experienced any change in my appetite. 1a My appetite is somewhat less than usual. 1b My appetite is somewhat greater than usual. 2a My appetite is much less than before. 2b My appetite is much greater than usual. 3a I have no appetite at all. 3b I crave food all the time.</p> <p>19. Concentration Difficulty</p> <p>0 I can concentrate as well as ever. 1 I can't concentrate as well as usual. 2 It's hard to keep my mind on anything for very long. 3 I find I can't concentrate on anything.</p> <p>20. Tiredness or Fatigue</p> <p>0 I am no more tired or fatigued than usual. 1 I get more tired or fatigued more easily than usual. 2 I am too tired or fatigued to do a lot of the things I used to do. 3 I am too tired or fatigued to do most of the things I used to do.</p> <p>21. Loss of Interest in Sex</p> <p>0 I have not noticed any recent change in my interest in sex. 1 I am less interested in sex than I used to be. 2 I am much less interested in sex now. 3 I have lost interest in sex completely.</p>
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Subtotal Page 2
Subtotal Page 1
Total Score

NR15645

The Coping Strategies Inventory (Short Form)

A questionnaire to find out individuals cope with difficult situations or feelings.

Once again, take a few minutes to think about your chosen event. As you read through the following items please answer them based on how you handled your event.

Please read each item below and determine the extent to which you used it in handling your chosen event. Please do not mark on this inventory. Please use the provided answer sheet in the following manner:

- a. Not at all
- b. A little
- c. Somewhat
- d. Much
- e. Very much

1. I worked on solving the problems in the situation.
2. I looked for the silver lining, so to speak; I tried to look on the bright side of things.
3. I let out my feelings to reduce the stress.
4. I found somebody who was a good listener.
5. I went along as if nothing were happening.
6. I hoped a miracle would happen.
7. I realized that I was personally responsible for my difficulties and really lectured myself
8. I spent more time alone.
9. I made a plan of action and followed it.
10. I looked at things in a different light and tried to make the best of what was available..
11. I let my feelings out somehow.
12. I talked to someone about how I was feeling.
13. I tried to forget the whole thing.
14. I wished that the situation would go away or somehow be over with.
15. I blamed myself.
16. I avoided my family and friends.
17. I tackled the problem head on.
18. I asked myself what was really important, and discovered that things weren't so bad after all.
19. I let my emotions out.
20. I talked to someone that I was very close to.
21. I didn't let it get to me; I refused to think about it too much.
22. I wished that the situation had never started.
23. I criticized myself for what happened.
24. I avoided being with people.

The Coping Strategies Inventory (Short Form)

25. I knew what had to be done, so I doubled my efforts and tried harder to make things work.
26. I convinced myself that things aren't quite as bad as they seem.
27. I got in touch with my feelings and just let them go.
28. I asked a friend or relative I respect for advice.
29. I avoided thinking or doing anything about the situation.
30. I hoped that if I waited long enough, things would turn out OK.
31. Since what happened was my fault I really chewed myself out.
32. I spent some time by myself.

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Validated Scales

The Self-Efficacy Subscale

42) Please indicate the degree to which each of these applies to your own personal feelings or situations in your daily life.	Strongly Agree	Agree	Disagree	Strongly Disagree
When I make plans, I am almost certain to make them work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually confident about the decisions I make	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I generally accomplish what I set out to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often able to overcome barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can pretty much determine what will happen in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Hope Subscale

43) Please indicate the degree to which each of these applies to your own personal feelings or situations in your daily life.	Strongly Agree	Agree	Disagree	Strongly Disagree
I believe that my life will have meaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that I will recover from mental illness or addictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am generally optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I will achieve the goals I set for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Used pre/post when evaluating mental health and addictions programs

SDQ, part of the longitudinal evaluation of the Full-Day Kindergarten Program

Strengths and Difficulties Questionnaire

2-4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name Male/Female

Date of Birth

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stop and think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature Date

Parent/Playgroup leader/Nursery teacher/Other (please specify:)

Thank you very much for your help

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3.2) If validated scales cannot be located you can work with program and/or subject matter experts to devise scales.

These scales won't be validated, but they can still provide the relevant basis for measuring client or participant changes over time.

The scales developed with the assistance of program or subject matter experts cannot be provided in the handout, as they are proprietary. They include:

- Assessing Pre-School Children's Social/Emotional School-Readiness for Aboriginal Head Start Evaluations**
- Assessing Employment-Readiness for Clients of Mental Health Employment Services**
- Types and Prevalence of Drug Use, Reported By Participants Attending a Healing Lodge (Pre/Post)**
- Reasons To Use Alcohol or Other Drugs Reported By Participants Attending a Healing Lodge (Pre/Post)**
- Evaluating First Nations Students' Perceptions Of Their Schools and Educational Experiences**
- Evaluating Knowledge Gain & Attitude Shift of Participants Attending Training To Support Students Contemplating Suicide**
- Evaluating Knowledge Gain & Attitude Shift of Participants Attending Training To Support Students Contemplating Suicide**

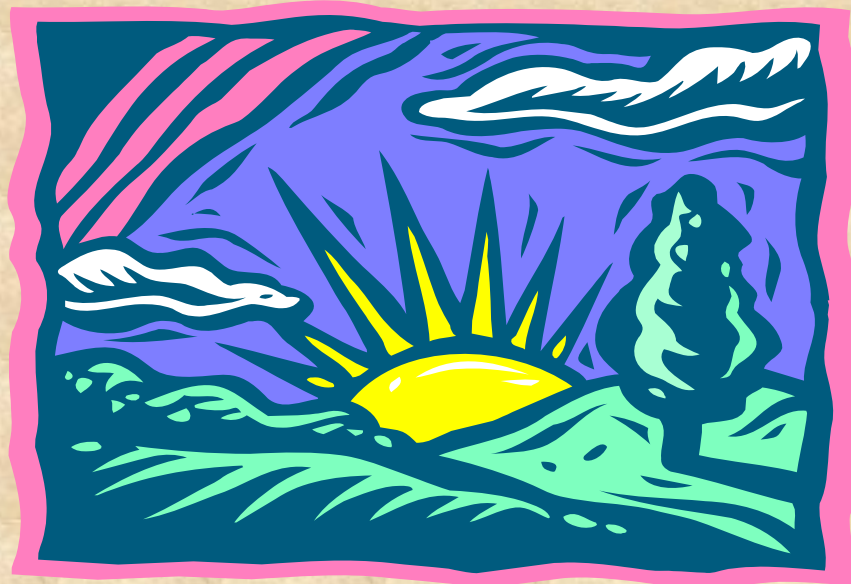
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