

## Client Outcome Measure (COM-P)

Name: \_\_\_\_\_

Therapist: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions:

Please help us understand what has changed since you and your family **began** counseling. Please use this scale to answer the questions below

**5 Very much better**

- Most all of the things you tried to change in counseling were successful, your family gets along very much better, your adolescent's behavior is very much better

**4 A lot better**

- Many but not all of the things you tried to change in counseling were successful, your family gets along a lot better, your adolescent's behavior is a lot better

**3 Some better**

- Some of the things you tried to change in counseling were successful, your family gets along some better, your adolescent's behavior is some better

**2 Only a little better**

- Few of the things you tried to change in counseling were successful, your family gets along only a little better, your adolescent's behavior is only a little better

**1 Things are no different**

- The things you tried to change in counseling are no different, your family does not get along any better, your adolescent's behavior is no better

**0 Things are worse**

- The things you tried to change in counseling are worse, your family gets along worse than before counseling, your adolescent's behavior is worse than before counseling

***Please put the number from the scale above on the line next to the following questions to indicate your answer. Remember - answer according to how much has changed since you began counseling.***

\_\_\_\_\_ 1. In general, how much has the family changed since you began counseling?

\_\_\_\_\_ 2. How much has the family changed its communication skills?

\_\_\_\_\_ 3. How much has your adolescent's behavior changed?

\_\_\_\_\_ 4. How much have you improved your parenting skills?

\_\_\_\_\_ 5. How much have you changed your ability to supervise your adolescent?

\_\_\_\_\_ 6. How much change has occurred in the family conflict level?

**Please answer the following questions according to events that have occurred SINCE you began counseling.**

7. How many times has your adolescent been charged with the following types of crimes since counseling began?

- Misdemeanor crimes      \_\_\_\_\_ Number of times
- Felony crimes              \_\_\_\_\_ Number of times

8. How many times has your adolescent been charged with crimes involving the following since counseling began?

- Weapons                      \_\_\_\_\_ Number of times
- Drugs                          \_\_\_\_\_ Number of times
- Violence                      \_\_\_\_\_ Number of times

9. How many times has your adolescent been to detention since counseling began?

\_\_\_\_\_ Number of times

10. How many times has your adolescent run away since counseling began?

\_\_\_\_\_ Number of times

11. Is your adolescent attending school? (please check one)

- Yes
- No

12. How many times has your adolescent been kicked out of school since counseling began?

\_\_\_\_\_ Number of times

13. Alcohol use by your adolescent since counseling began? (please check one)

- None
- Use
- Use that disrupts daily functioning

14. Drug use by your adolescent since counseling began? (please check one)

- None
- Use
- Use that disrupts daily functioning

**Please stop here. THANK YOU for your help**

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Case Number: \_\_\_\_\_

Site: \_\_\_\_\_