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A Closer Look by PEI Outcomes

June 2016

Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) is an early intervention for children who may be at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences, particularly those individuals who are not currently receiving mental health services. Services are specialized mental health services delivered by clinical staff, as part of multi-disciplinary treatment teams. The program is intended to reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, traumatic loss, etc.), for children and Transition Age Youth (TAY) receiving these services. Clients are typically seen once a week for approximately 12 to 16 sessions for individual and conjoint treatment with sessions lasting 60-90 minutes. The PEI practice can be used for client's ages 3 to 18 years of age.

This Prevention and Early Intervention (PEI) practice incorporates general and specific outcome measures which include the following:

GENERAL OUTCOME MEASURE	Age	SPECIFIC OUTCOME MEASURE	Age
Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0	4 - 17 12 – 18	UCLA PTSD-Reaction Index-5 – Parent UCLA PTSD-Reaction Index-5 – Children/Adolescents	7 - 18 7 - 18

The Outcome Questionnaire (OQ) series, which includes the Youth Outcome Questionnaire 2.01 (YOQ), Youth Outcome Questionnaire-Self Report 2.0 (YOQ-SR) and OQ 45.2, measures an individual's mental health functioning in the past seven days. The clinical cut-off point for the YOQ is 46; 47 for the YOQ-SR; 64 for the OQ. It can be said that those clients with total scores equal to or above the clinical cut-off for their respective outcome questionnaires experience more severe symptoms than those in the normative sample. At this point, research is still being conducted to identify a clinical cut-off point for the UCLA PTSD-RI-5.
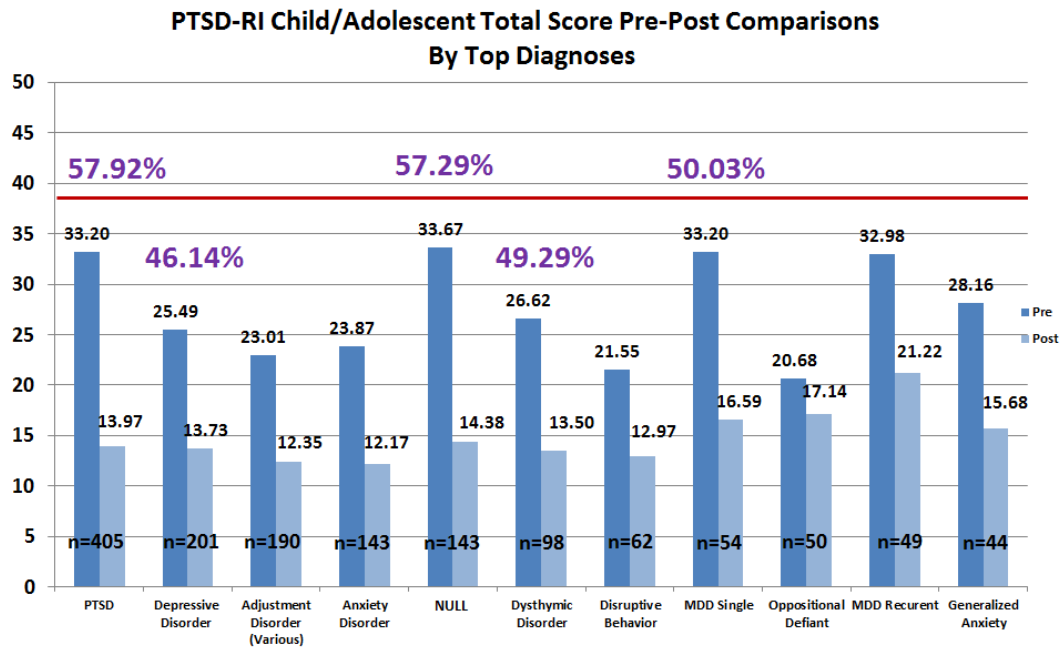
The following information provides a closer look at the data that has been collected for this practice since July 2011 through January 27, 2016.

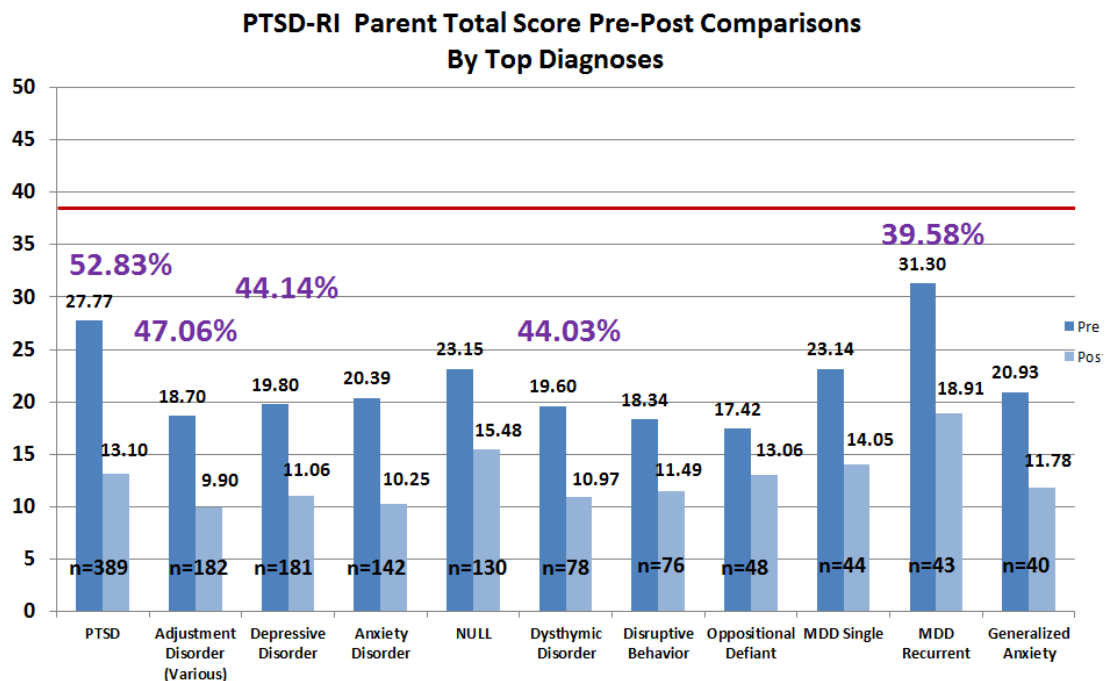| Table 1. TF-CBT Status Since Inception to January 27, 2016						
# of Clients Claimed to Practice	# of Clients Entered into PEI OMA	# of Tx Cycles in PEI OMA	Clients with Multiple Tx Cycles	Clients Completing Tx	Clients Dropping-Out of Tx	Clients Still in Tx
27356	38.60%	10821	2.42%	26.32%	20.97%	52.71%
n=	10560	n=	256	2848	2269	5704

Note 1: Clients Claimed was based on TF-CBT being selected as the EBP in a PEI Plan and having ≥ 2 core services claimed to the practice starting July 1, 2011. **Note 2**: Number of clients Completing Tx or Dropping-Out of Tx was determined by whether the EBP was said to be completed (e.g. answered "yes" or "no") in the PEI OMA. **Note 3**: Number of clients entered into PEI OMA reflect those clients that were integrated because they were "active"/open during the last submission (1/31/14) of outcomes data to the California Institute for Behavioral Health Solutions (CIBHS) and any new clients entered on or after 2/1/14. "Inactive"/closed treatment cycles previously submitted to CIBHS were not integrated

Since inception, there have been 27,356 clients claimed to TF-CBT and 10,560 clients entered into PEI OMA. The above table also shows that approximately 26% of clients have completed the treatment; 21% have dropped-out; and 53% were still in treatment during that time. The compliance rate of 38.6% is based on the number of clients that were entered into PEI OMA (Please see Note 3: in Table 1. above).

The following graphs compare the average Pre-Score and the average Post-Score for each outcome questionnaire and their clinical cut-off point. The following trauma measure data is based on the DSM IV versions of the UCLA PTSD-RI that were being used from inception of the practice through November 1, 2015. Please note that the clinical cut-off point for the DSM IV versions of the UCLA PTSD-RI is 38.

PTSD-RI Child/Adolescent Total Score Pre-Post Comparisons
By Top Diagnoses

Bar chart data (Pre / Post) by diagnosis:
- PTSD: Pre 33.20, Post 13.97, 57.92%, n=405
- Depressive Disorder: Pre 25.49, Post 13.73, 46.14%, n=201
- Adjustment Disorder (Various): Pre 23.01, Post 12.35, n=190
- Anxiety Disorder: Pre 23.87, Post 12.17, n=143
- NULL: Pre 33.67, Post 14.38, 57.29%, n=143
- Dysthymic Disorder: Pre 26.62, Post 13.50, 49.29%, n=98
- Disruptive Behavior: Pre 21.55, Post 12.97, n=62
- MDD Single: Pre 33.20, Post 16.59, 50.03%, n=54
- Oppositional Defiant: Pre 20.68, Post 17.14, n=50
- MDD Recurent: Pre 32.98, Post 21.22, n=49
- Generalized Anxiety: Pre 28.16, Post 15.68, n=44

The top graph illustrates pre/post score comparisons on the PTSD-RI Child/Adolescent measure and percent change for the top ten diagnoses. The bottom graph shows the same information for the parent version of the PTSD-RI. It appears that Posttraumatic Stress Disorder (PTSD) had the highest percent change of improvement with other mood disorders rounding off the top five on both versions of the PTSD-RI. The "Null" diagnostic category was used for treatment cycles that had diagnoses that were unidentifiable (e.g., missing or incorrect DSM IV code) in the TF-CBT data set.

PTSD-RI Parent Total Score Pre-Post Comparisons
By Top Diagnoses

Bar chart data (Pre / Post) by diagnosis:
- PTSD: Pre 27.77, Post 13.10, 52.83%, n=389
- Adjustment Disorder (Various): Pre 18.70, Post 9.90, 47.06%, n=182
- Depressive Disorder: Pre 19.80, Post 11.06, 44.14%, n=181
- Anxiety Disorder: Pre 20.39, Post 10.25, n=142
- NULL: Pre 23.15, Post 15.48, n=130
- Dysthymic Disorder: Pre 19.60, Post 10.97, 44.03%, n=78
- Disruptive Behavior: Pre 18.34, Post 11.49, n=76
- Oppositional Defiant: Pre 17.42, Post 13.06, n=48
- MDD Single: Pre 23.14, Post 14.05, n=44
- MDD Recurrent: Pre 31.30, Post 18.91, 39.58%, n=43
- Generalized Anxiety: Pre 20.93, Post 11.78, n=40

Note: The observations made here are to be considered tentative in nature and not conclusive due to the low number of clients

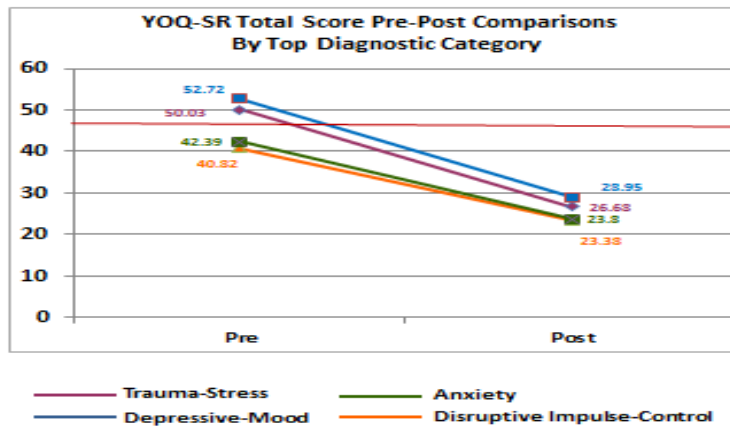## YOQ-SR Total Score Pre-Post Comparisons
By Top Diagnoses
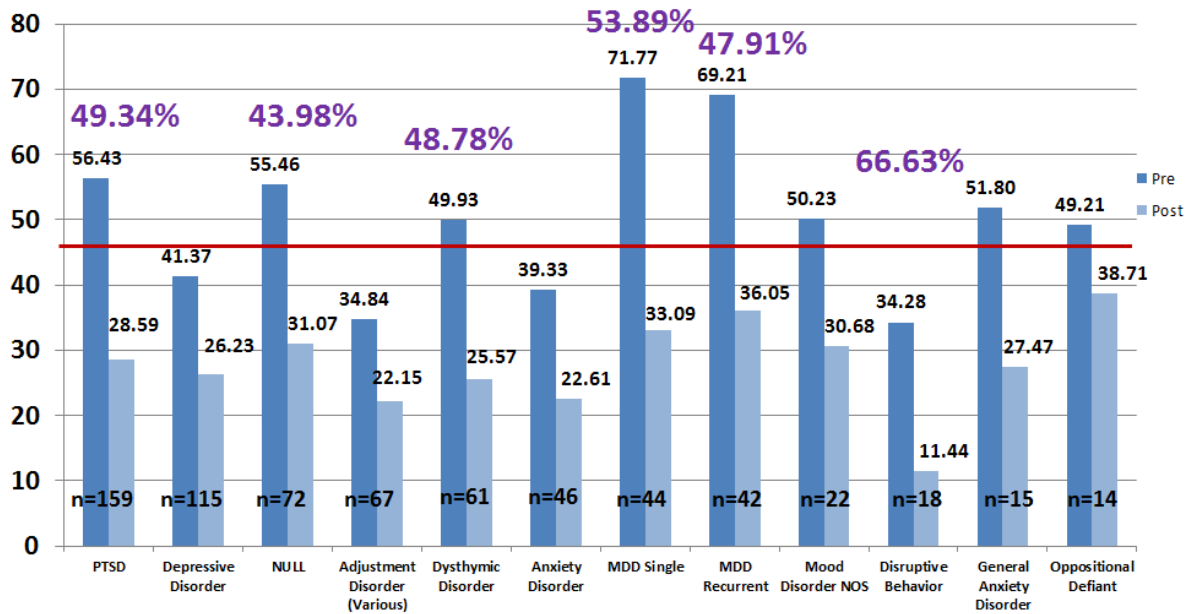
The top graph illustrates pre/post score comparisons on the YOQ-SR measure and percent change for some of the diagnoses. The bottom graph shows the same information for the parent version of the YOQ. It appears that for the YOQ-SR the highest percent change of improvement came from those diagnosed with Disruptive Behaviors at 67% and for the YOQ it was Anxiety Disorders at 58%.

YOQ-Parent Total Score Pre-Post Comparisons
By Top Diagnoses
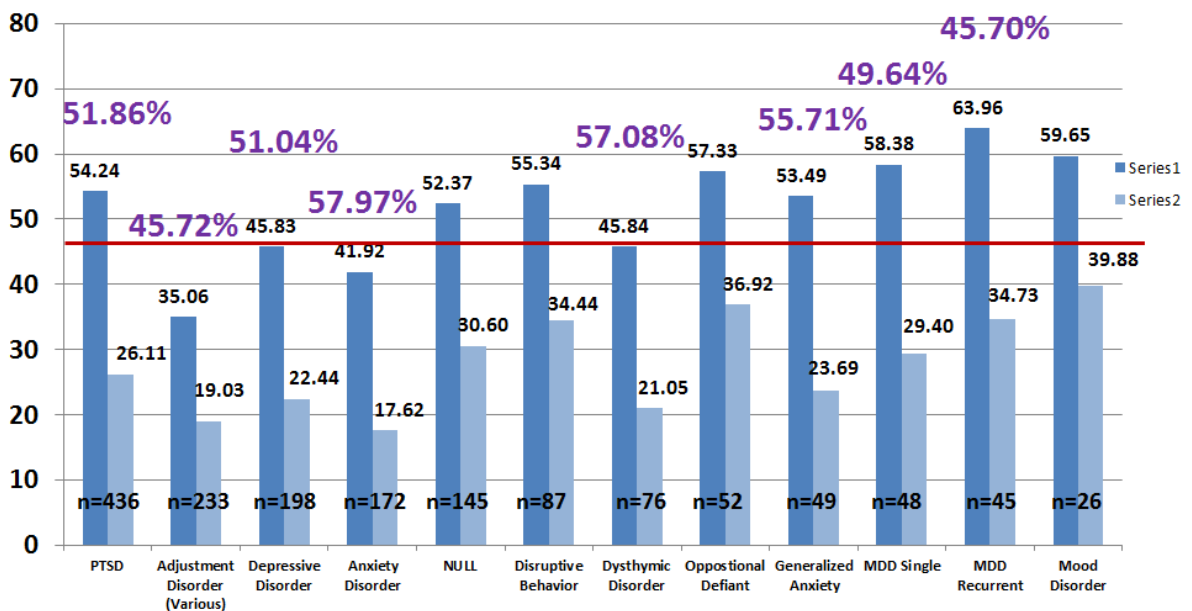
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TF-CBT: A Closer Look:
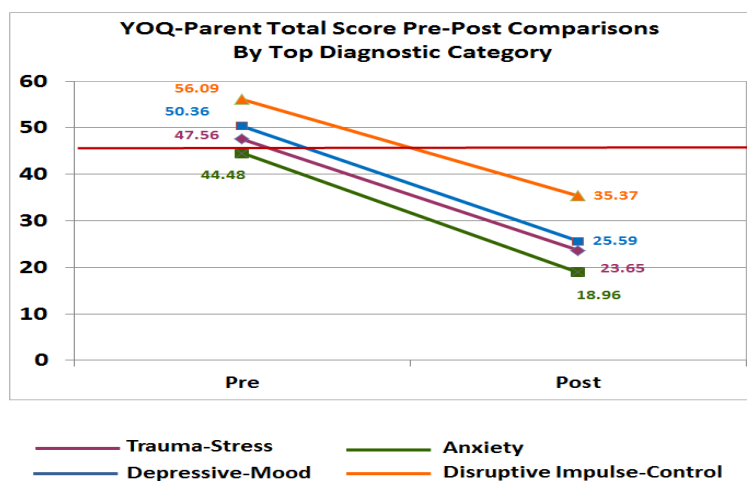
Pre-Post Percent Improvement

YOQ-SR Total Score Pre-Post Comparisons By Top Diagnostic Category

Pre values: 52.72, 50.03, 42.39, 40.82
Post values: 28.95, 26.68, 23.8, 23.38

46.67% Y
45.08% Y
43.85% Y
42.72%

Legend:
— Trauma-Stress
— Depressive-Mood
— Anxiety
— Disruptive Impulse-Control

Y=exceeds 18pt Pre-Post difference for the change to be considered reliable.

The above graph shows a pre/post comparison and percent change for the top four diagnostic categories for the YOQ-SR. The bottom graph illustrates the same information for the YOQ. The developer reports that an 18 point score difference from pre to post on the YOQ-SR is meaningful change while a 13 point score difference would be meaningful change on the YOQ. We see that Traumatic-Stress and Depressed Mood categories on the YOQ-SR start above the clinical cut-off point at the beginning of treatment but end below the cut-off point at the end of treatment with a 45%-46% improvement. For the YOQ we see that Disruptive/Impulsive Behaviors, Depressed Mood, and Traumatic-Stress categories start above the clinical cut-off point and significantly decrease and fall below the clinical cut-off point at the end of treatment with the highest percent change of improvement occurring under the category of Anxiety.

TF-CBT: A Closer Look:

Pre-Post Percent Improvement

YOQ-Parent Total Score Pre-Post Comparisons By Top Diagnostic Category

Pre values: 56.09, 50.36, 47.56, 44.48
Post values: 35.37, 25.59, 23.65, 18.96

50.27% Y
49.19% Y
57.37% Y
36.94% Y

Legend:
— Trauma-Stress
— Depressive-Mood
— Anxiety
— Disruptive Impulse-Control

Y=exceeds 13pt Pre-Post difference for the change to be considered reliable.

Based on the above results one can clonclude that TF-CBT has been an effective treatment in reducing symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, traumatic loss, etc.), for children and transitional age youth in Los Angeles County.

Note: The observations made here are to be considered tentative in nature and not conclusive due to the low number of clients