

Trauma Focused Cognitive Behavioral Therapy CIMH Community Development Teams

LA PEI Program Performance Dashboard Report September 2013 Data Submission

This program performance dashboard report describes children served through Trauma Focused Cognitive Behavioral Therapy (TF-CBT) in agencies receiving Prevention and Early Intervention (PEI) funding in Los Angeles County. Data were submitted in fall and winter of 2013, reflecting children served through the end of July 2013. Please note that this report may include clients served through other funding sources.

Eleven directly-operated LAC DMH clinics and 71 LA PEI-funded providers submitted data to CIMH. This report presents data from:

- AADAP
- Alafia Mental Health Service
- Alma Family Services
- Almansor Center
- Amanacer
- Aviva
- Behavioral Health Services
- Bienvenidos
- Children's Bureau
- California Behavioral Health Care
- Child & Family Center
- Child and Family Guidance Center
- ChildNet
- Children's Institute, Inc.
- CIFHS – The Family Center
- Community Family Guidance Center
- Counseling4Kids
- David & Margaret
- Didi Hirsch
- Drew Child Development Center
- D'Veal Family and Youth Services
- El Centro de Amistad
- El Centro del Pueblo
- Eisner Pediatric & Family Medical Center
- EMQ/FF Hollygrove
- ENKI Health and Research Systems
- Ettie Lee Youth and Family Services
- Exceptional Children's Foundation
- Five Acres
- Foothill Family Services
- For The Child
- Gateways
- Harbor View CSC
- Hathaway-Sycamores
- Hillsides
- IMCES
- Kedren Mental Health
- Leroy Haynes Center
- Los Angeles Child Guidance Clinic
- Los Angeles County DMH Directly-Operated Clinics: Augustus F. Hawkins MHS; American Indian Counseling Center; Coastal API; Edelman Westside Child & Family; Harbor-UCLA Med Center; Long Beach CAP; Roybal Family MHS; Roybal School Based; San Antonio MHS; San Fernando MHS; Ties for Families
- Maryvale
- Masada Homes
- McKinley Children's Center
- Optimist Mental Health
- Pacific Asian Counseling Services
- Pacific Clinics
- Para Los Ninos
- Pasadena Unified School District
- Penny Lane
- Personal Involvement Centers
- Prototypes
- Providence Community Services
- Rosemary Children's Services
- San Fernando Valley Community Mental Health Center
- San Gabriel Children's Center
- Shields for Families
- South Bay Children's Center
- Special Services for Groups
- SPIRITT
- St. Anne's
- St. Francis Medical Center
- St. John's
- Star View Community Services
- Stirling Behavioral Health
- Tessie Cleveland
- The Children's Center of Antelope Valley
- The Guidance Center
- The Help Group
- The Village Family Services
- The Whole Child
- VIP Community Mental Health Center
- Vista del Mar

This dashboard report reflects a total of **16,160** children referred to the TF-CBT programs in these **71** organizational providers and **11** directly-operated clinics.

Table 1. TF-CBT Status LA PEI (N=16,160)	
Entry Rate	Dropout Rate
98.9% (n=15,979)	29.5% (n=4,707)

Note 1: Entry Rate is defined as children who were referred to TF-CBT and have a first session documented.

Note 2: Dropout Rate is defined as children who stopped participating prior to successfully completing TF-CBT.

Table 2. Client Demographics – Children Who Entered TF-CBT (n=15,979)										
Age (in years)	Gender		Ethnicity					Primary Axis I Diagnosis		
	Female	Male	African-American	Asian/ Pacific Islander	Caucasian	Hispanic/ Latino	Other	PTSD	Other Anxiety/ Mood/ Adjustment	Other
11.2 (n=15855)	54.5% (n=8706)	45.4% (n=7256)	14.2% (n=2274)	1.3% (n=213)	7.1% (n=1127)	74.0% (n=11823)	3.2% (n=512)	25.0% (n=4000)	56.2% (n=8977)	17.9% (n=2855)

Note 1: Percentages may not total 100 due to missing data.

Note 2: Age calculated as the difference between the date of the first session and child's date of birth.

Table 3. Process Data – Children Who Entered TF-CBT (n=15,979)	
Clients With At Least One* Completed UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) Prior to TF-CBT	Clients With At Least One* Completed Youth Outcome Questionnaire (YOQ or YOQ-SR) Prior to TF-CBT
81.2% (n=12,692)	81.8% (n=12,656)

*Including parent/caregiver report and/or child/youth self-report. A measure is valid if it has been administered within the appropriate age range and has a valid score; and, the denominator only includes children within the valid age range for a particular measure.

*Please see Appendix A. for a description of the UCLA Post-Traumatic Stress Disorder Reaction Index and the Youth Outcome Questionnaires.

Table 4. Service Delivery Data – Children Who Completed TF-CBT (n=5,762)	
Average Length of Therapy	Average Number of Sessions
33.6 weeks (±16.7) Range 1 – 156 weeks (n=5,632)	27.2 sessions (±15.2) Range 1 – 311 sessions (n=5,647)

Note 1: Completion of TF-CBT is defined as having a “yes” documented for completion status.

Note 2: Duration is calculated as the difference between the date of the last session and the date of the first session.

Table 5. Outcome Data[±] – Clients who Completed TF-CBT (n=5,762)					
Youth Outcome Questionnaire (YOQ and YOQ-SR) Total Score					
	Percent Improvement[±] from the Average Pre- TF-CBT Score to the Average Post-TF-CBT Score	Effect Size Estimate[±] (Cohen’s <i>d</i>)	Percent of Clients Showing Reliable Change[±] from Pre-TF-CBT to Post-TF-CBT		
			Positive Change	No Change	Negative Change
Parent/Caregiver	38.9%* (n=3,052) [pre=50.6]	.60	51.2% (n=1,563)	40.3% (n=1,229)	8.5% (n=260)
Child/Youth	35.7%* (n=1,333) [pre=51.3]	.59	48.1% (n=641)	44.1% (n=588)	7.8% (n=104)
PTSD-RI Total Score					
	Percent Improvement[±] from the Average Pre- TF-CBT Score to the Average Post-TF-CBT Score	Effect Size Estimate[±] (Cohen’s <i>d</i>)	Percent of Clients Showing Reliable Change[±] from Pre-TF-CBT to Post-TF-CBT		
			Positive Change	No Change	Negative Change
Parent/Caregiver	39.5%* (n=2,804) [pre=22.4]	.61	31.7% (n=889)	64.2% (n=1,799)	4.1% (n=116)
Child/Youth	42.7%* (n=3,149) [pre=26.7]	.80	40.0% (n=1,260)	57.1% (n=1,797)	2.9% (n=92)

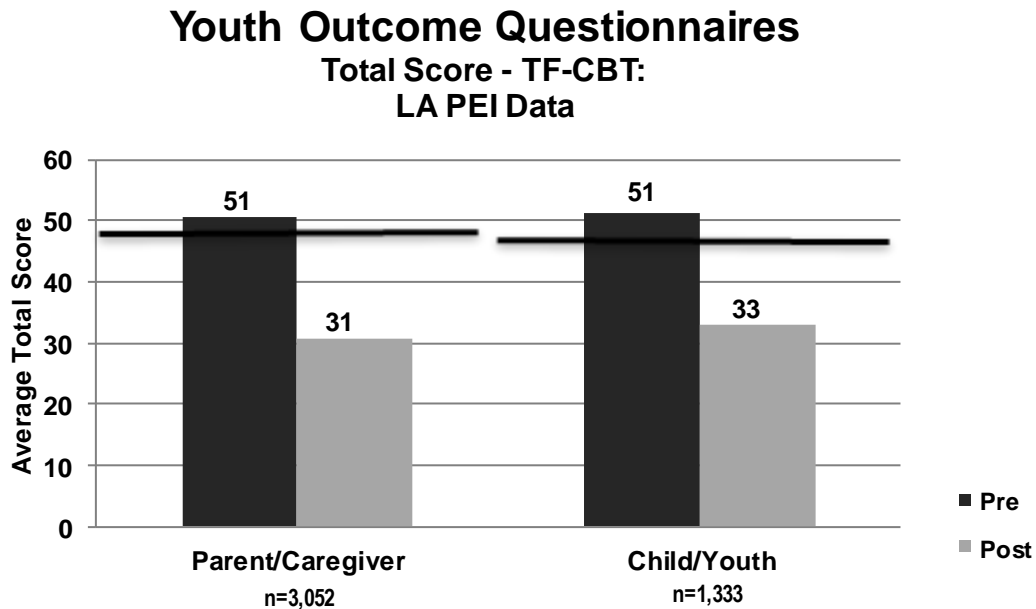
[±]Please see Appendix A. for a description of the TF-CBT outcome measures and the outcome indicators (percent improvement in average scores; effect size estimate; and, percent of clients showing reliable change).

Note 1: Possible YOQ and YOQ-SR Total Scores range from -16 – 240, with a clinical cutpoint of 47 for parent/caregiver report and 46 for youth self-report. Possible PTSD-RI scores range from 0 – 68 with a clinical cutpoint of 38 or higher.

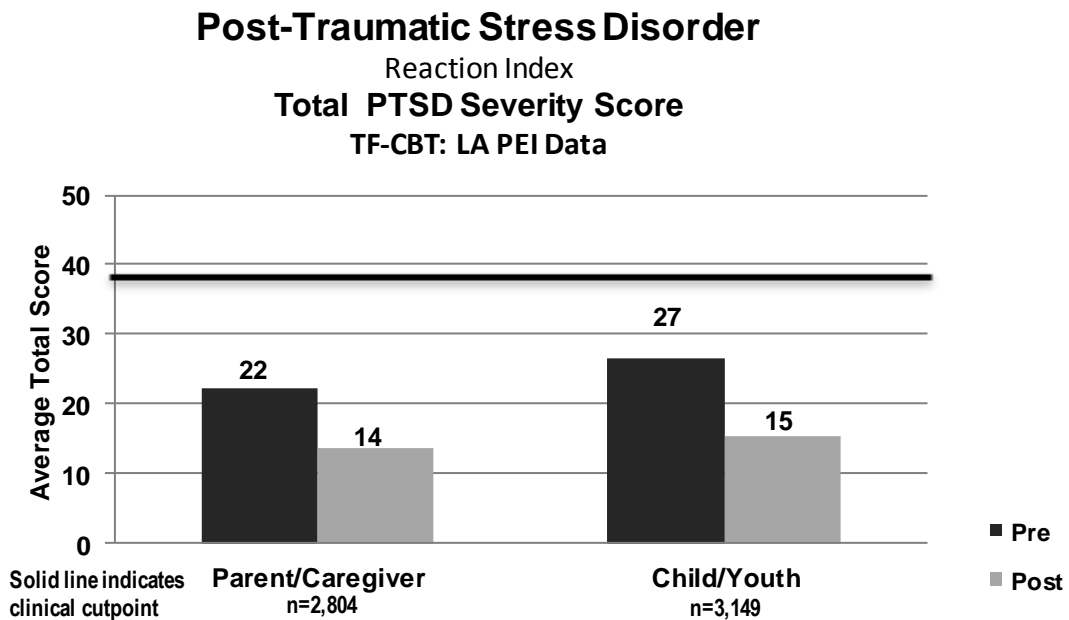
Note 2: Follow-up analyses of aggregate data revealed no significant differences in entry rate, dropout rate, duration of therapy, number of sessions, or change in outcomes by gender or ethnicity.

*Paired t-test indicates a statistically significant difference, $p \leq .01$.

Graph 1. TF-CBT LA PEI Outcomes: YOQ and YOQ-SR Total Scores – Children who Completed TF-CBT (n=5,762)

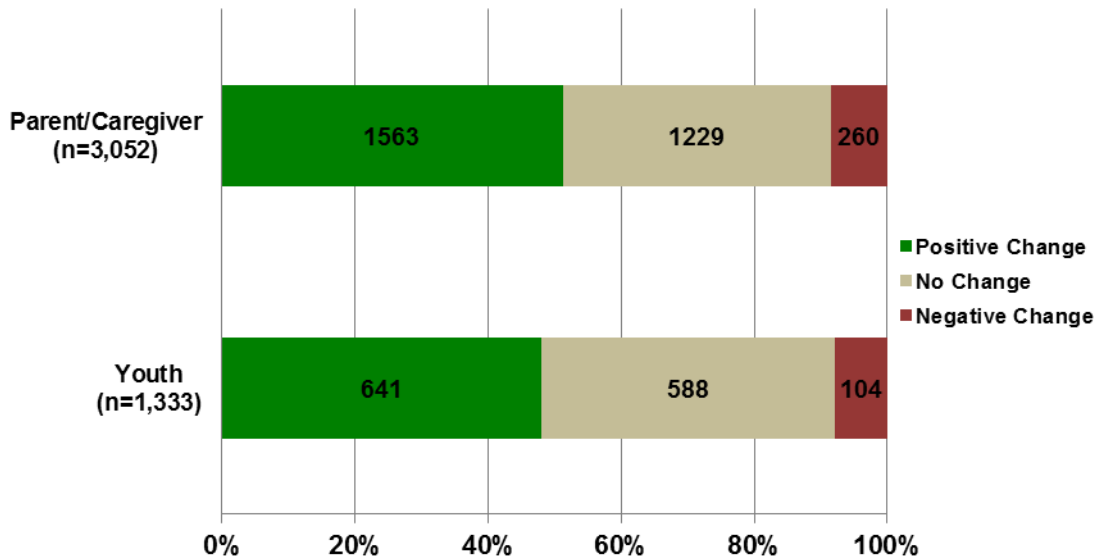


Graph 2. TF-CBT LA PEI Outcomes: PTSD-RI Total Severity Score – Children who Completed TF-CBT (n=5,762)



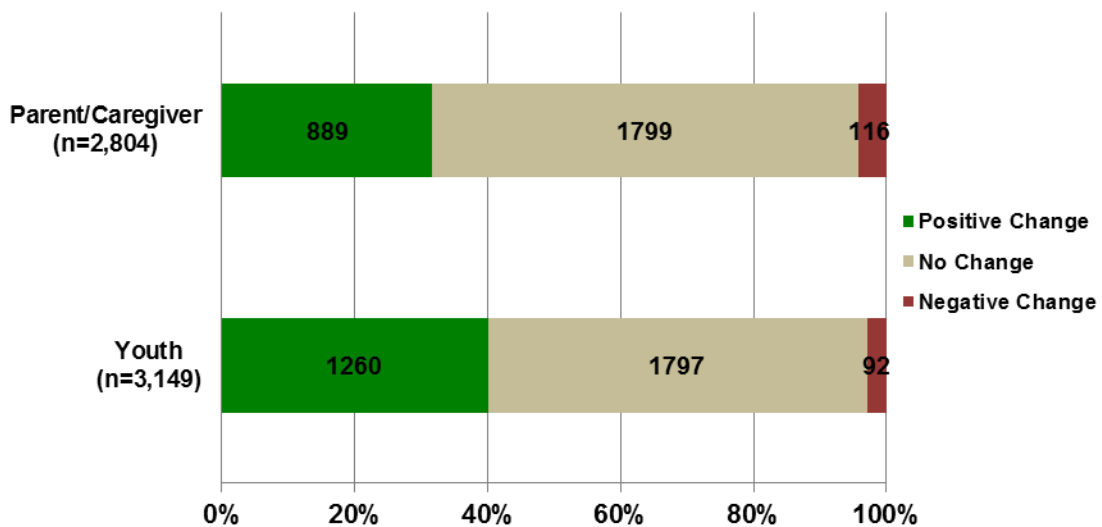
Graph 3. TF-CBT LA PEI Outcomes – Percent of Children Showing Reliable Change on the YOQ and YOQ-SR after Completion of TF-CBT

Reliable Change on YOQ Total Score Pre-TF-CBT to Post-TF-CBT: LA PEI Data



Graph 4. TF-CBT LA PEI Outcomes – Percent of Children Showing Reliable Change on the PTSD-RI after Completion of TF-CBT

Reliable Change on PTSD-RI Total Score Pre-TF-CBT to Post-TF-CBT: LA PEI Data



Appendix A. Description of TF-CBT Outcome Measures and Outcome Indicators

TF-CBT Trauma Measure: Post-Traumatic Stress Disorder Reaction Index (PTSD-RI)

The *UCLA Post-Traumatic Stress Disorder Reaction Index* (PTSD-RI) is an outcome measure completed before and after participation in TF-CBT. The evaluation component of this measure has 20 items that assess the frequency of occurrence of post-traumatic stress disorder symptoms during the prior month according to both child/youth self-reports and reports of their parents/caregivers (for children ages 3-18).

Possible Total PTSD Severity Scores range from 0-68; and scores of 38 or higher have the greatest sensitivity and specificity for detecting PTSD.

TF-CBT General Outcome Measure: Youth Outcome Questionnaires (YOQ and YOQ-SR)

The *Youth Outcome Questionnaires* (YOQ and YOQ-SR) are outcome measures completed before and after participation in TF-CBT. These 64-item standardized questionnaires assess children's global mental health functioning within the prior week according to both youth self-reports (ages 12-18) and reports of their parents/caregivers (for children ages 4-17).

Possible Total YOQ and YOQ-SR scores range from -16-240. Scores of 47 or higher for parent/caregiver report and 46 or higher for youth self-report are most similar to clinical populations.

Outcome Indicator: Percent Improvement in Average Pre- and Post- Scores

The percent improvement in the average YOQ scores from pre-TF-CBT treatment to post-TF-CBT treatment is reported each outcome measure, when available. A paired t test analysis is conducted with each set of scores; and, when the difference observed is not likely to be due to chance ($p < .01$), this is indicated with a footnote.

In addition to reporting the percent of change in average scores in Table 5, Graphs 1 and 2 present the average pre-scores and the average post-scores for each informant on each measure, with solid lines indicating the clinical cutpoints.

Outcome Indicator: Effect Size Estimate, Cohen's *d*

Cohen's *d* is a standardized effect size measure that estimates the magnitude, or strength, of a relationship. In this dashboard report it estimates the strength of the relationship between the average pre score and the average post score, expressed in terms of standard deviations. An effect size of .5 indicates that the average pre score is .5 standard deviations greater than the average post score. While there is no absolute agreement about what magnitude of an effect size is necessary to establish practical or clinical significance, conventional interpretations of Cohen's *d* are that effect sizes of .2 to .3 represent a "small" effect; effect sizes around .5 reflect a "medium" effect; and, effect sizes of .8 or greater represent a "large" effect. However, an alternate schema has been proposed for the social sciences, where the recommended minimum effect size representing a "practically" significant effect is .41, with 1.15 representing a moderate effect and 2.70 a strong effect [see Ferguson, C.J. (2009). *An Effect Size Primer: A Guide for Clinicians and Researchers. Professional Psychology: Research and Practice, 40* (5), 532-538].

Appendix A. Description of TF-CBT Outcome Measures and Outcome Indicators (cont'd)

Outcome Indicator: Percent of Clients Showing Reliable Change

The percent of clients showing reliable change reflects those with an amount of change on an outcome measure from pre-TF-CBT to post-TF-CBT that meets or exceeds the value of the Reliable Change Index (RCI). RCI, as calculated using the Jacobson-Truax (1991) method, is the amount of change that can be considered reliable based on the difference from pre- to post-, taking the variability of the pre-treatment group and measurement error into consideration. It reflects an amount of change that is not likely to be due to measurement error ($p < .05$) [see Wise, E.A. (2004). *Methods for Analyzing Psychotherapy Outcomes: A Review of Clinical Significance, Reliable Change, and Recommendations for Future Directions. Journal of Personality Assessment, 82(1), 50-59*].

The percent of clients with positive change, no change, and negative change are reported in Table 5; and, Graphs 3 and 4 present reliable change in these three categories for each informant on each measure.