### Triple P Parenting

# LA PEI Aggregate Program Performance Dashboard Report January 2013 Data Submission

#### Prepared by the California Institute for Mental Health (CIMH)

This aggregate program performance dashboard report describes children for whom data were submitted in January of 2013 that participated in LA PEI-funded Triple P Parenting programs in Los Angeles County, reflecting clients served through the end of December 2012.

Thirty-four private-provider agencies submitted data to CIMH in January 2013, reflecting clients served in their Triple P Parenting programs through December of 2012. This report presents data from:

- AADAP, Inc.
- Child and Family Center
- Child & Family Guidance Center
- Counseling4Kids
- Didi Hirsch
- D'Veal Family & Youth Services
- El Centro de Amistad
- Eisner Pediatric & Family Medical Center
- ENKI Health and Research Systems
- Exceptional Children's Foundation
- Five Acres
- Foothill Family Services
- Gateways Hospital
- Harbor View CSC
- Hathaway-Sycamores
- Helpline Youth Counseling
- Hillsides
- Kedren Mental Health

- Koreatown Youth & Community Center
- Los Angeles Child Guidance Clinic
- Maryvale
- Masada Homes
- Optimist Youth Homes and Family Services
- Pacific Clinics
- Penny Lane
- Rosemary Children's Services
- San Fernando Valley Community Mental Health Centers
- South Bay Children's Health Center
- SPIRITT Family Services
- St. Francis Medical Center
- St. John's Health Center
- The Help Group
- VIP
- Vista del Mar

This dashboard report reflects a total of **3,645** clients referred to Triple P programs offered by these **34** private-provider agencies.

Table 1. Triple P Level 4/5 Status (N=3,645)			
Entry Rate	Dropout Rate		
95.9%	24.9%		
(n=3,540)	(n=882)		

Note1: Entry Rate is defined as children who were referred to Triple P Level 4/5 and have a first session documented. Note2: Dropout Rate is defined as children who stopped participating prior to successfully completing Triple P.

Table 2.	Table 2. Client Demographics – Children Who Entered Triple P Level 4/5 (n=3,645)									
Age	Ger	nder	Ethnicity			Primary Language				
(in years)	Female	Male	African American	an an cific er ian ian		English	Spanish	Other		
9.0	34.1%	65.9%	11.4%	1.6%	7.2%	76.6%	3.2%	53.1%	45.0%	1.8%
(n=3,498)	(n=1,208)	(n=2,330)	(n=402)	(n=56)	(n=255)	(n=2,713)	(n=114)	(n=1,879)	(n=1,593)	(n=65)

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

Table 3. DSM-IV Diagnosis – Children Who Entered Triple P Level 4/5 (n=3,645)							
Primary DSM-IV Axis I Diagnosis							
Disruptive Behavior Disorders  Attention Deficit/ Hyperactivity Disorders  Mood/ Anxiety/ Anxiety/ Adjustment Disorders  Disorders  Mood/ Anxiety/ Stress Disorder					Missing/ Not Reported		
37.3%	23.4%	29.0%	3.1%	7.0%	0.2%		
(n=1,321)	(n=828)	(n=1,027)	(n=108)	(n=249)	(n=7)		

Table 4. Level and Type of Triple P Parenting – Children Who Entered Triple P Level 4/5 (n=3,645)						
Level 4 Level 4 Level 4 Standard Group Group Child Teen Child Teen		Level 5 Enhanced	Level 5 Pathways	Missing/ Not Reported		
78.8%	14.2%	1.7%	0.8%	1.6%	0.5%	2.3%
(n=2,790)	(n=501)	(n=61)	(n=30)	(n=57)	(n=19)	(n=82)

Table 5. Process Data – Children Who Entered Triple P Level 4/5 (n=3,645)				
Clients With At Least One* Valid Eyberg Child Behavior Inventory Completed Prior to Triple P  (Pre-ECBI)  Clients With At Least One* Valid Required Outcome Measure of General Mental Health Functioning (YOQ or YOQ-SR) Prior to Triple				
65.1% (n=2,215)	77.1% (n=2,473)			

<sup>\*</sup>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. The denominator for each percentage includes children who are within the valid age range for a particular measure(s).

Table 6. Service Delivery Data – Children Who Completed Triple P Level 4/5 (n=1,297)			
Average Length of Triple P Average Number of Sessions			
21.2 weeks ( <u>+</u> 11.8)	14.9 sessions ( <u>+</u> 7.2)		
Range 1 – 89 weeks	Range 1 – 66 sessions		
(n=1,263)	(n=1,263)		

Note1: Completion of Triple P is defined as having a "yes" documented for completion status.

Note2: Duration is calculated as the difference between the date of the last session and the date of the first session.

<sup>&</sup>lt;sup>‡</sup>Please see Appendix A. for a description of the Eyberg Child Behavior Inventory and the Youth Outcome Questionnaires.

Table 7. Outcome Data <sup>±</sup> – Children Who Completed Triple P Level 4/5 (n=1,297)							
Youth Outcome Q	Youth Outcome Questionnaire (YOQ and YOQ-SR) Total Score						
	Percent Improvement <sup>±</sup> from the Average Pre- Triple P Score to the	Effect Size Estimate <sup>±</sup>	Percent of Clients Showing Reliable Change <sup>±</sup> from Pre-Triple P to Post-Triple P				
	Average Post-Triple P Score	(Cohen's d)	Positive Change	No Change	Negative Change		
Parent/Caregiver	38.2%* (n=779) [pre=62.6]	.78	58.9% (n=459)	34.5% (n=269)	6.5% (n=51)		
Child/Youth	21.8%* (n=120) [pre=48.0]	.38	40.8% (n=49)	45.0% (n=54)	14.2% (n=17)		
Eyberg Child Beha	avior Inventory (ECBI) Rav	w Scores					
	Percent Improvement <sup>±</sup> from the Average Pre- Triple P Score to the	Effect Size Estimate <sup>±</sup>	Percent of Clients Showing Reliable Change <sup>±</sup> from Pre-Triple P to Post-Triple P				
	Average Post-Triple P Score	(Cohen's d)	Positive Change	No Change	Negative Change		
	Intensity Raw Score						
Parent/Caregiver	27.1%* (n=661) [pre=135.0]	.97	60.4% (n=399)	33.4% (n=221)	6.2% (n=41)		
Parent/Caregiver	Problem Raw Score						
	46.7%* (n=652) [pre=18.6]	1.06	57.7% (n=376)	38.7% (n=252)	3.7% (n=24)		

<sup>&</sup>lt;sup>±</sup>Please see Appendix A. for a description of the Triple P Level 4/5 outcome measures and the outcome indicators (percent improvement in average scores; effect size estimate; and, percent of clients showing reliable change). Note1: 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.

Note2: Possible ECBI Intensity Raw Scores range from 36-252, with a clinical cutpoint of 131; and, possible ECBI Problem Raw Scores range from 0-36, with a clinical cutpoint of 15.

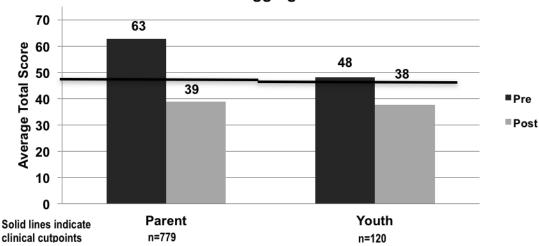
Note3: Follow-up analyses of aggregate data revealed no significant differences in completion rate, dropout rate, duration of therapy, number of sessions, or change in outcomes by gender or ethnicity.

<sup>\*</sup>A statistically significant improvement,  $p \le .01$ .

Graph 1. LA PEI Triple P Outcomes: YOQ and YOQ-SR Total Scores for Clients Who Completed Level 4/5 (n=1,297)

# Youth Outcome Questionnaires Total Score

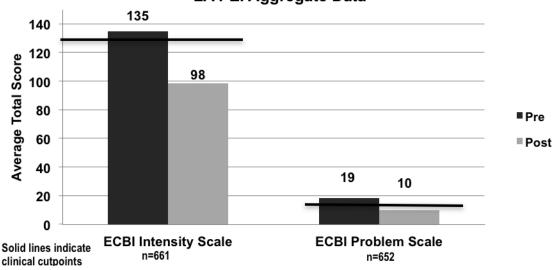
Triple P Level 4/5 LA PEI Aggregate Data



Graph 2. LA PEI Triple P Outcomes: ECBI Scores for Clients Who Completed Level 4/5 (n=1,297)

# ECBI Intensity and ECBI Problem Raw Scale Scores

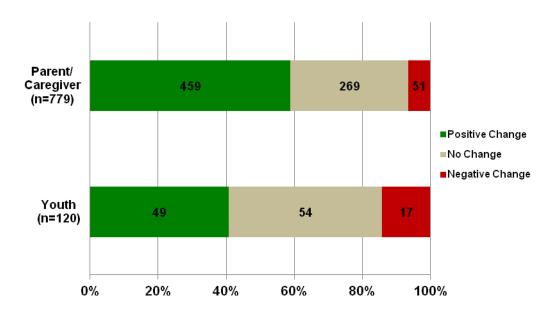
Triple P Level 4/5 LA PEI Aggregate Data



Graph 3. LA PEI Triple P Outcomes: Percent of Children Showing Reliable Change on the YOQ after Completion of LA PEI Triple P

### Reliable Change on YOQ Total Score

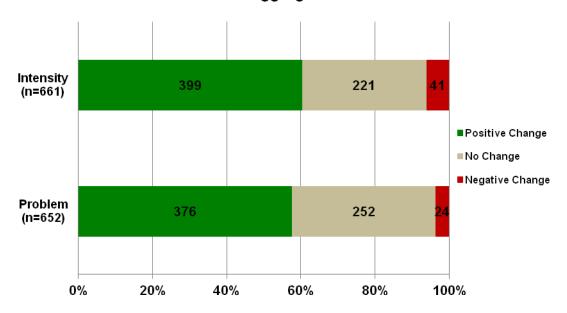
Pre-Triple P to Post-Triple P: LA PEI Aggregate Data



Graph 4. LA PEI Triple P Outcomes: Percent of Children Showing Reliable Change on the ECBI after Completion of LA PEI Triple P

## Reliable Change on ECBI Raw Score

Pre-Triple P to Post-Triple P: LA PEI Aggregate Data



#### Appendix A. Description of Triple P Outcome Measures and Outcome Indicators

#### **Eyberg Child Behavior Inventory (ECBI)**

The *Eyberg Child Behavior Inventory* (ECBI) is an outcome measure completed before and after participation in Triple P Level 4/5. This 36-item parent-report measure has two components: one that assesses the frequency, or intensity, of current child behavior problems displayed by children between the ages of 2-16; and one that assesses the extent to which these behaviors are currently perceived as problematic to the child's parent/caregiver.

Possible ECBI Intensity Raw Scores range from 36-252, with a clinical cutpoint of 131; and possible ECBI Problem Raw Scores range from 0-36, with a clinical cutpoint of 15.

#### Youth Outcome Questionnaires (YOQ and YOQ-SR)

The Youth Outcome Questionnaires (YOQ and YOQ-SR) are outcome measures completed before and after participation in Triple P Level 4/5. 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 scores from pre-Triple P to post-Triple P 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 7, graphs 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 Triple P 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-Triple P to post-Triple P 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 7; and, graphs present reliable change in these three categories for each informant on each measure.