COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU – MHSA IMPLEMENTATION AND OUTCOMES DIVISION

WELLNESS • RECOVERY • RESILIENCE

Prevention & Early Intervention: Child Parent Psychotherapy (CPP) Countywide Aggregate Practice Outcomes Dashboard Report

Outcome Data Submission through August 27, 2012

Participating Legal Entities Include:

Aviva Community Mental Health Center	Providence Community Services
Child and Family Guidance Center	Roybal Family Mental Health Services
Childnet Youth and Family Services	San Fernando Valley Community Mental Health Clinic
Children's Hospital of Los Angeles	Shields for Families
Children's Institute Inc.	Spiritt Family Services
Didi Hirsch	Star View Community Services
Foothill Family Services	St Anne's
For the Child	St Johns Child and Family Development Center
Hathaway Sycamores Child & Family Services	The Guidance Center
Hillsides	The Help Group
Los Angeles Child Guidance	TIES for Families

Table 1. CPP Status since inception to August 27, 2012					
# 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**
n=1,495	26.62% n=398	n=400	0.50% (n=2)	10.55% (n=42)	9.55% (n=38)

Note 1: Clients Claimed is reported based on CPP being selected as the EBP in the PEI Plan and has ≥ 1 core services claimed to the practice;
Note 2: Completion and Drop Out are reported based on responses indicated of "yes" or "no" in the PEI OMA for EBP completed.

Table 2. Child Demographics – Clients Who Entered CPP											
	Age	**Gender**		**Ethnicity**					**Primary Language**		
Total Clients	**Average**	**Female**	**Male**	**African-American**	**Asian/ Pacific Islander**	**Caucasian**	**Hispanic/ Latino**	**Other**	**English**	**Spanish**	**Other**
n=398	4.8	50.25% (n=200)	49.75% (n=198)	18.34% (n=73)	0.5% (n=2)	8.79% (n=35)	66.33% (n=264)	6.03% (n=24)	64.32% (n=256)	34.92% (n=139)	0.75% (n=3)

Note1: Age is calculated at the date of the first EBP.
Note2: Percentages may not total 100 due to missing data.

Table 3. Top 5 most frequently reported DSM-IV Primary Axis I Diagnosis – Clients Who Entered CPP						
Total Clients	**Disruptive Behavior Disorder NOS**	**Disorder of Infancy, Childhood, or Adolescence NOS**	**Post-Traumatic Stress Disorder**	**Anxiety Disorder NOS**	**Adjustment Disorder W/Mixed Disturbance Emotion and Conduct**	**Other Diagnosis**
n=398	19.10% (n=76)	14.82% (n=59)	13.32% (n=53)	11.81% (n=47)	8.79% (n=35)	32% (n=128)

Table 4. CPP Program Process Data – Clients Who Entered CPP			
Outcome measures administered	**Pre-test with scores**	**Post-test with scores**	**Clients who completed both a Pre and Post measure with scores**
Trauma Symptom Checklist for Young Children (TSCYC)	57.49% (n=142) Ackn= 247	49.02% (n=25) Ackn= 51	3.24% (n=8) Ackn= 298
Youth Outcome Questionnaire (YOQ) - 2.01 (Parent)	69.49% (n=123) Ackn= 177	58.06% (n=18) Ackn= 31	6.21% (n=11) Ackn= 208

Note 1: The % indicated for Pre-test with scores, Post-test with scores, and both a Pre and Post measure with scores is calculated by dividing the n=# w/ scores by the number acknowledge (Ackn=) in the PEI OMA system for each measure.
Note 2: Number of acknowledged measures (Ackn=) is determined by the number of required measures that receive a score or an unable to collect reason code.

Table 5a. Top Reasons Given for "Unable to Collect"							
TSCYC	**PRE** (n=105)	**Outcome measure unavailable**	**Administration date exceeds acceptable range**	**Clinician not trained in outcome measure**	**Not available in primary language**	**Invalid outcome measure**	**Other reasons**
		30.48% (n=32)	21.90% (n=23)	17.14% (n=18)	10.48% (n=11)	4.76% (n=5)	15.24% (n=16)
	POST (n=26)	**Premature termination**	**Not available in primary language**	**Administration date exceeds acceptable range**	**Clinician not trained in outcome measure**	**Lost contact with parent/care provider**	**Other reasons**
		23.08% (n=6)	19.23% (n=5)	15.38% (n=4)	11.54% (n=3)	11.54% (n=3)	19.23% (n=5)

Table 5b. Top Reasons Given for "Unable to Collect."							
YOQ-2.01 Parent	PRE (n=54)	Administration date exceeds acceptable range	Outcome measure unavailable	Not available in primary language	Parent/care provider refused	Parent/care provider unavailable	Other reasons
		44.44% (n=24)	22.22% (n=12)	9.26% (n=5)	5.56% (n=3)	5.56% (n=3)	12.96% (n=7)
	POST (n=13)	Premature termination	Parent/care provider unavailable	Administration date exceeds acceptable range	Lost contact with parent/care provider	Outcome measure unavailable	Other reasons
		16.15% (n=6)	15.38% (n=2)	15.38% (n=2)	15.38% (n=2)	7.69% (n=1)	0% (n=0)

Table 6. Service Delivery Data – Clients Who Completed CPP		
Total Clients	**Average Length of Treatment**	**Average Number of Sessions**
(n=42)	29 weeks Range: 4 -74 weeks (n=42)	25 sessions Range: 1– 69 sessions (n=42)

Note: Completed CPP is defined as having a 'yes' for completion indicated in the PEI OMA.

***Due to limited matched pairs being < 20, table 7 could not be calculated.

Table 7. Child Outcome Data± – Clients who Completed CPP				
All Clients (n=42)				
		Percent of Clients Showing Reliable Change± from Pre-CPP to Post-CPP		
		Positive Change	**No Change**	**Negative Change**
TSCYC	Anxiety (ANX)	00.0% (n=00)	00.0% (n=00)	00.0% (n=00)
	Depression (DEP)	00.0% (n=00)	00.0% (n=00)	00.0% (n=00)
	Anger/Aggression (ANG)	00.0% (n=00)	00.0% (n=00)	00.0% (n=00)
	Posttraumatic Stress-Intrusion (PTS-I)	00.0% (n=00)	00.0% (n=00)	00.0% (n=00)
	Posttraumatic Stress-Avoidance (PTS-AV)	00.0% (n=00)	00.0% (n=00)	00.0% (n=00)
	Posttraumatic Stress-Arousal (PTS-AR)	00.0% (n=00)	00.0% (n=00)	00.0% (n=00)
	Posttraumatic Stress-Total (PTS-TOT)	00.0% (n=00)	00.0% (n=00)	00.0% (n=00)
	Dissociation (DIS)	00.0% (n=00)	00.0% (n=00)	00.0% (n=00)
	Sexual Concerns (SC)	00.0% (n=00)	00.0% (n=00)	00.0% (n=00)
YOQ-2.01 Parent		00.0% (n=00)	00.0% (n=00)	00.0% (n=00)

±Please see Appendix A. for a description of the CPP outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).
Note1: 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.
Note2: Possible YOQ Total Scores range from -16-240, with a clinical cutpoint of 46.
Note3: Aggregate outcome data based on fewer than 20 children are not reported.
Note4: Positive Change indicates that the scores decreased from the pre to the post measures.

Appendix

Trauma Symptom Checklist for Young Children (TSCYC) The Trauma Symptom Checklist for Young Children is a 90-item parent/caregiver report measure that assesses trauma-related symptoms in children from the ages of 3 through 12. For the Los Angeles County PEI Plan, the TSCYC is utilized for the age range of 3 through 6. The TSCYC is the first fully standardized and normed measure of trauma-related symptoms for young children. The TSCYC contains 2 validity scales, 8 clinical scales, and a summary scale (comprising 3 of the clinical scales). Each trauma symptom is rated on a 4 point scale. Each TSYCY clinical scale score can range from 9 to 36. The summary scale (PTS-TOT) score can range from 27 to 108. The clinical cut points can be obtained in the TSCYC manual and can vary depending on the age and gender of the child.

Youth Outcomes Questionnaires (YOQ)
The Youth Outcome Questionnaire is a 64-item parent-report that assesses global distress in a child's/adolescent's life from 4-17 years of age. Scores on the measure can range from -16 to 240. Scores of 46 or higher are most similar to a clinical population on the YOQ.

Reliable Change Index
When comparing Pre and Post scores, it is very helpful to know whether the change reported represents the real effects of the treatment or errors in the system of measurement. The Reliability of Change Index (RCI) is a statistical way of helping to insure that the change recorded between pre and post assessments exceeds that which would be expected on the basis of measurement error alone. The RCI has been calculated using the Jacobson and Truax (1991) method and indicates when change exceeds that which would be expected on the basis of error at the $p<.05$ probability level. For a more in-depth discussion of Reliability of Change see Jacobson, N. S., & Truax. P. (1991). Clinical Significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59, 12-19. Also 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 number and percent of clients experiencing positive change, no change and negative change are recorded in table 6. Healthful change in each of the measures cited here means that scores have decreased in value from pre to post test administrations (i.e. recorded a negative change on the RCI). To help avoid confusion, healthful reliable change is presented as positive while unhealthful reliable change is presented as negative change.