

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



WELLNESS • RECOVERY • RESILIENCE

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

Outcome Data Submission through November 13, 2012

Participating Legal Entities Include:

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

Table 1. CPP Status since inception to November 13, 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= 1,503	32% (n=479)	n=482	0.42% (n=2)	11.69% (n=56)	14.41% (n=69)

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

Total Clients	Age	Gender		Ethnicity					Primary Language		
	Average	Female	Male	African-American	Asian/ Pacific Islander	Caucasian	Hispanic/ Latino	Other	English	Spanish	Other
n= 479	5	50.1% (n=240)	49.9% (n=239)	17.12% (n=82)	0.63% (n=3)	8.56% (n=41)	67.01% (n=321)	6.68% (n=32)	65.14% (n=312)	34.24% (n=164)	0.63% (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 Diagnoses – 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= 479	18.58% (n=89)	16.91% (n=81)	13.36% (n=64)	11.69% (n=56)	8.77% (n=42)	30.69% (n=147)

Outcome measures administered	Pre-tests with scores	Post-tests with scores	Clients who completed both a Pre and Post measures with scores
Trauma Symptom Checklist for Young Children (TSCYC)	58.44% (n=180) Ack=308	46.75% (n=36) Ack=77	5.52% (n=17) Ack=308
Youth Outcome Questionnaire - 2.01 (Parent)	69.86% (n=153) Ack=219	47.17% (n=25) Ack=53	8.22% (n=18) Ack=219

Note: The % indicated for Pre-test with scores, Post-test with scores, and both a Pre and Post measure with scores are calculated by dividing the n=# with scores by the number acknowledge in the PEI OMA system for each measure.

TSCYC	PRE	Outcome measure unavailable	Administration date exceeds acceptable range	Clinician not trained in outcome measure	Not available in primary language	Parent/care provider unavailable	Other reasons
	(n=128)	32.81% (n=42)	20.31% (n=26)	17.19% (n=22)	10.16% (n=13)	3.91% (n=5)	15.63% (n=20)
POST	Premature termination	Outcome measure unavailable	Not available in primary language	Administration date exceeds acceptable range	Lost contact with parent/care provider	Other reasons	
	(n=41)	29.27% (n=12)	17.07% (n=7)	12.20% (n=5)	12.20% (n=5)	9.76% (n=4)	19.51% (n=8)

Table 5b. Top Reasons Given for “Unable to Collect.”							
YOQ - Parent	PRE (n=66)	Administration date exceeds acceptable range	Outcome measure unavailable	Not available in primary language	Parent/care provider unavailable	Parent/care provider refused	Other reasons
		42.42% (n=28)	18.18% (n=12)	9.09% (n=6)	9.09% (n=6)	6.06% (n=4)	15.15% (n=10)
	POST (n=28)	Premature termination	Parent/care provider unavailable	Administration date exceeds acceptable range	Lost contact with parent/care provider	Outcome measure unavailable	Other reasons
		50% (n=14)	21.43% (n=6)	10.71% (n=3)	7.14% (n=2)	3.57% (n=1)	7.14% (n=2)

Table 6. Service Delivery Data – Clients Who Completed CPP		
Total Clients	Average Length of Treatment	Average Number of Sessions
(n=56)	31weeks Range: 4-74 weeks (n=56)	26 sessions Range: 1-70 sessions (n=56)

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=56)				
		Percent of Clients Showing Reliable Change[‡] from Pre-CPP to Post-CPP		
		Negative Change	No Change	Positive 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 TSCYC 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.