**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 September 17, 2014

**Participating Legal Entities Include:**

| | |
|---|---|
| Aviva Center | Pacific Clinics |
| California Institute of Health and Social Services | Penny Lane Centers |
| Child and Family Center | Prototypes |
| Child and Family Guidance Center | Providence Community Services |
| Childnet Youth and Family Services, Inc. | Saint John's Health Center |
| Children's Bureau of S. California | San Fernando Valley Community MHC |
| Children's Hospital of Los Angeles | Shields for Families |
| Children's Institute, Inc. | Spiritt Family Services |
| Counseling and Research Assc., Inc. | St. Anne's |
| Didi Hirsch Psychiatric Services | Star View Adolescent Center, Inc. |
| Dignity Health DBA California Hospital Medical Center | The Guidance Center |
| Families First, Inc. | The Help Group Child and Family Center |
| Foothill Family Services | The Regents of University of CA |
| For the Child | The Village Family Services |
| Hathaway Sycamores Child Family Services | VIP Mental Health Center, Inc. |
| Hillsides | Vista Del Mar Child and Family Services |
| Intercommunity Child Guidance Center | **L.A. COUNTY DMH** |
| Los Angeles Child Guidance | Roybal Family MHS |
| Pacific Asian Counseling Services | South Bay Ties For Adoption |

| Table 1. CPP Status Since Inception to September 15, 2014 | | | | | |
|---|---|---|---|---|---|
| # 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 |
| 4417 | 45.26% | 2043 | 2.05% | 32.11% | 32.50% |
| n= | 1999 | n= | 41 | 656 | 664 |

Note 1: Clients Claimed was based on CPP being selected as the EBP in a PEI Plan and having $\geq$ 1 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.

| Table 2. Client Demographics - Clients Who Entered CPP | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Age | Gender | | Ethnicity | | | | | Primary Language | | |
| Total Number of Clients | Average | Female | Male | African-American | Asian / Pacific Islander | Caucasian | Hispanic / Latino | Other | English | Spanish | Other |
| 1999 | 3 | 47.87% | 52.13% | 18.36% | 0.80% | 8.40% | 66.58% | 5.85% | 67.03% | 31.97% | 1.00% |
| n= | | 957 | 1042 | 367 | 16 | 168 | 1331 | 117 | 1340 | 639 | 20 |

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

| Table 3. Top 5 Most Frequently Reported DSM-IV Primary Axis Diagnosis - Clients Who Entered CPP | | | | | | |
|---|---|---|---|---|---|---|
| Total Treatment Cycles | 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 |
| 2043 | 17.52% | 17.38% | 13.95% | 10.57% | 6.75% | 33.82% |
| n= | 358 | 355 | 285 | 216 | 138 | 691 |

Note: As reported in PEI OMA beginning of treatment information.

| Table 4. 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) | 65.35% | 45.84% | 20.18% |
| n= | 926 | 386 | 286 |
| Ackn= | 1417 | 842 | 1417 |
| Youth Outcome Questionnaire - 2.01 (Parent) | 68.39% | 48.31% | 20.93% |
| n= | 660 | 271 | 202 |
| Ackn= | 965 | 561 | 965 |

Note 1: Number of acknowledged measures (Ackn=) is determined by the number of required measures that receive a score or an unable to collect reason code.

Note 2: The % indicated for Pre-test with scores, Post-test with scores, and both a Pre- and Post-test with scores is calculated by dividing the (n=#) by the number acknowledged (Ackn=#) in the PEI OMA system for each measure. The number acknowledged (Ackn=#) for those with Pre and Post scores is an estimate based on the greatest number of matches that could be expected given the number of Pre scores acknowledged.

| Table 5a. Top Reasons Given for "Unable to Collect" | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Trauma Symptom Checklist for Young Children (TSCYC)** | Total Pre 491 | Administration date exceeds acceptable range | Outcome measure unavailable | Parent/care provider unavailable | Clinician not trained in outcome measure | Parent/care provider refused | Other Reasons |
| | Percent | 39.51% | 16.70% | 7.74% | 7.33% | 7.13% | 21.59% |
| | n | 194 | 82 | 38 | 36 | 35 | 106 |
| | Total Post 456 | Premature termination | Parent/care provider unavailable | Lost contact with parent/care provider | Administration date exceeds acceptable range | Outcome measure unavailable | Other Reasons |
| | Percent | 29.39% | 22.15% | 15.79% | 9.43% | 7.68% | 15.57% |
| | n | 134 | 101 | 72 | 43 | 35 | 71 |

| Table 5b. Top Reasons Given for "Unable to Collect" | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Youth Outcome Questionnaire - 2.01 (Parent)** | Total Pre 305 | Administration date exceeds acceptable range | Outcome measure unavailable | Parent/care provider unavailable | Parent/care provider refused | Premature termination | Other Reasons |
| | Percent | 47.87% | 13.11% | 10.16% | 8.20% | 6.56% | 14.10% |
| | n | 146 | 40 | 31 | 25 | 20 | 43 |
| | Total Post 290 | Premature termination | Parent/care provider unavailable | Lost contact with parent/care provider | Administration date exceeds acceptable range | Parent/care provider refused | Other Reasons |
| | Percent | 30.69% | 21.38% | 16.90% | 9.31% | 7.24% | 14.48% |
| | n | 89 | 62 | 49 | 27 | 21 | 42 |

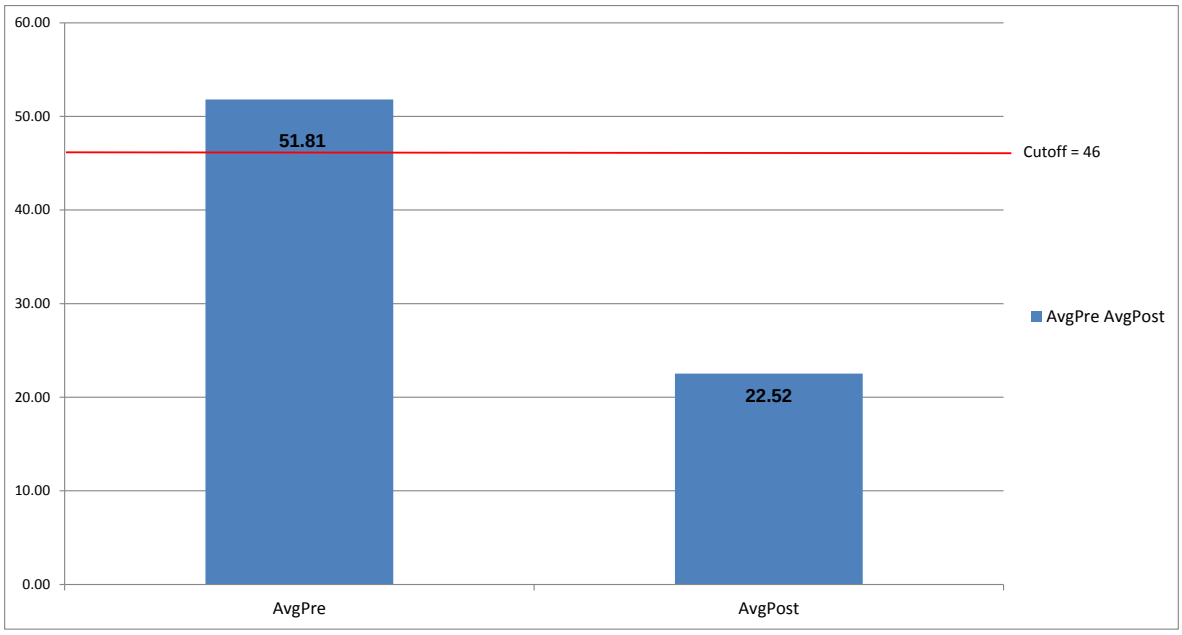
| Table 6. Service Delivery Data – Clients Who Completed CPP | | | | | | |
|---|---|---|---|---|---|---|
| Total Treatment Cycles | Average Length of Treatment in Weeks | Range of Treatment Weeks | | Average Number of Sessions | Range of Sessions | |
| 656 | 38 | Min 0 | Max 122 | 32 | Min 1 | Max 204 |

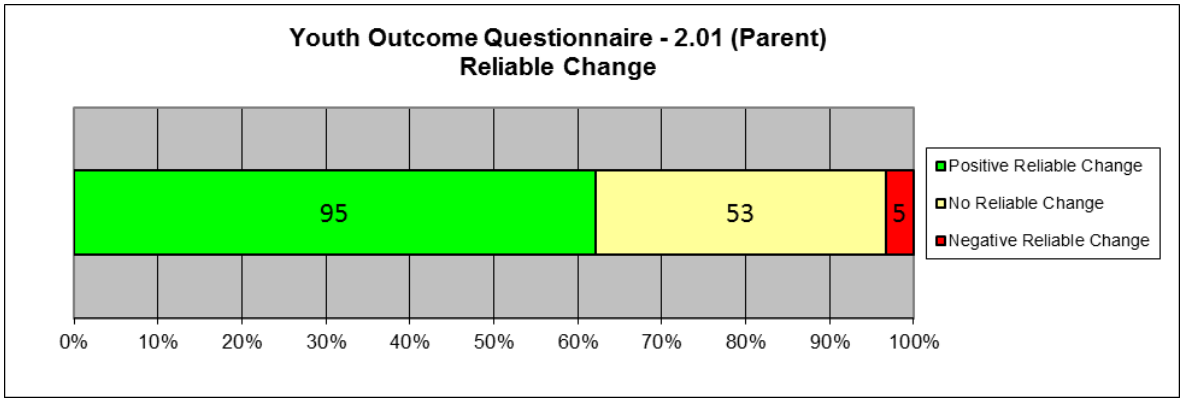
Note: Completed CPP is defined as having a 'yes' for completion indicated in the PEI OMA.

| Table 7 Outcome Data± – Clients who Completed CPP | | | | | |
|---|---|---|---|---|---|
| | | Percent Improvement from Pre to Post | Percent of Clients Showing Reliable Change* from Pre-CPP to Post-CPP | | |
| | | | Positive Change | No change | Negative Change |
| Youth Outcome Questionnaire - 2.01 (Parent) | TOTAL | 56.53% (n=153) | 62.09% | 34.64% | 3.27% |
| | | | 95 | 53 | 5 |

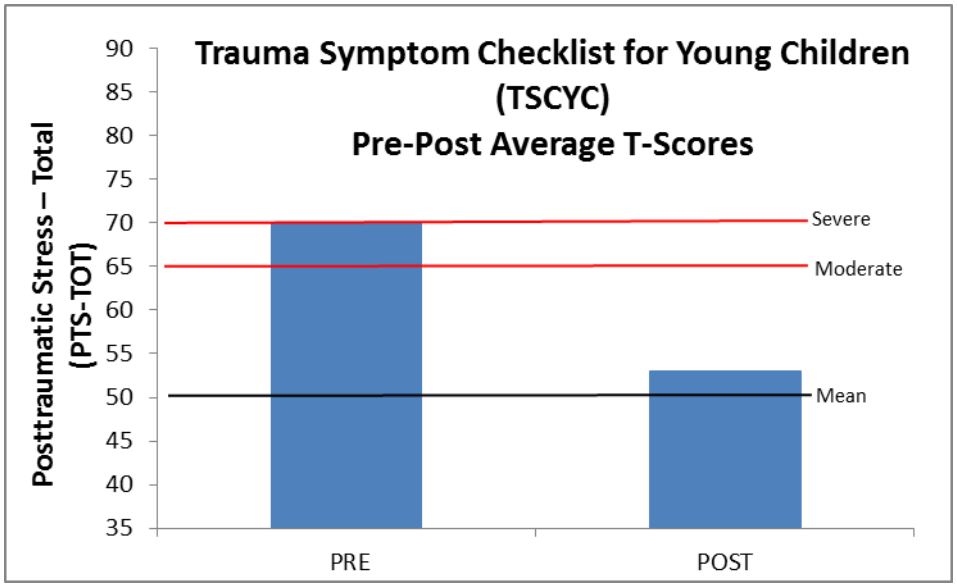
±Please see Appendix A. for a description of the CPP outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).
Note 2 Possible YOQ-Parent Total Scores can range from -16 -240, with a clinical cutoff of 46
Note 3: Aggregate outcome data based on fewer than 20 clients are not reported.
Note 4: Positive Change indicates that the scores decreased from the pre to the post measure.

## Youth Outcome Questionnaire (YOQ) - 2.01 (Parent)
## (N=153)



| Table 7b. Outcome Data – Clients who Completed CPP | | | |
|---|---|---|---|
| Trauma Symptom Check List for Young Children (TSCYC) Posttraumatic Stress – Total Scale (PTS-TOT) | | | |
| **Profile** | **Percent Change Raw Scores** | **T-Score Average Pre** | **T-Score Average Post** |
| **All Clients Ages 4-7** | **20.67% (n=234)** | 70 | 53 |



# 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 7a. 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.