

**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 May 18, 2015**

**Participating Legal Entities Include:**

CALIF INSTITUTE HEALTH SOCIAL SVS	CHILDRENS HOSPITAL OF LOS ANGELES
CHILD AND FAMILY CENTER	CHILDRENS INSTITUTE INC
DIDI HIRSCH PSYCHIATRIC SVS	COUNSELING N RESRCH ASC DBA MASADA
DIGNITY HEALTH DBA CAL HOSP MED CTR	FAMILIES FIRST INC
FOOTHILL FAMILY SERVICE	HAMBURGER HOME DBA AVIVA CENTER
FOR THE CHILD	HATHAWAY SYCAMORES CHILD FAM SRVCS
HILLSIDES	INTERCOMMUNITY CHILD GUIDANCE CTR
LOS ANGELES CHILD GUIDANCE	PACIFIC ASIAN COUN SVS
PACIFIC CLINICS	PENNY LANE CENTERS
SAINT JOHNS HEALTH CENTER	PROTOTYPES
SAN FERNANDO VALLEY COMMUNITY MHC	PROVIDENCE COMMUNITY SERVICES
SHIELDS FOR FAMILIES	ST ANNES
STAR VIEW ADOLESCENT CENTER INC	THE GUIDANCE CENTER
THE HELP GROUP CHILD AND FAMILY CTR	THE REGENTS OF UNIVRSITY OF CA
THE VILLAGE FAMILY SERVICES	VISTA DEL MAR CHILD AND FAMILY SVC
VIP COMMUNITY MENTAL HEALTH CTR INC	<b>L.A. COUNTY DMH</b>
CHILD AND FAMILY GUIDANCE CENTER	ROYBAL FAMILY MHS
CHILDNET YTH AND FAM SVS INC	TIES FOR FAMILIES
CHILDREN BUREAU OF S CALIFORNIA	

# 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	Clients Still in Tx
4789	55.96%	2764	2.99%	33.32%	35.24%	31.44%
n=	2680	n=	80	921	974	869

Note 1: Clients Claimed was based on CPP being selected as the EBP in a PEI Plan and having  $\geq 2$  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.

Total Number of Clients	Age	Gender		Ethnicity					Primary Language		
	Average	Female	Male	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
2680	3	48.02%	51.98%	18.69%	1.01%	8.77%	64.81%	6.72%	69.66%	29.22%	1.12%
n=		1287	1393	501	27	235	1737	180	1867	783	30

Note1: Age is calculated at the date of the first EBP.

Note2: Percentages may not total 100 due to missing data and/or rounding.

Total Treatment Cycles	Disorder of Infancy, Childhood, or Adolescence NOS	Disruptive Behavior Disorder NOS	Post-Traumatic Stress Disorder	Anxiety Disorder NOS	Adjustment Disorder W/Mixed Disturbance Emotion and Conduct	Other
2764	18.99%	16.43%	13.24%	10.42%	6.87%	34.04%
n=	525	454	366	288	190	941

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)	64.46%	43.99%	20.78%
	n= 1219	512	393
	Ackn= 1891	1164	1891
Youth Outcome Questionnaire - 2.01 (Parent)	67.38%	46.25%	21.30%
	n= 851	351	269
	Ackn= 1263	759	1263

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 672	Administration date exceeds acceptable range	Outcome measure unavailable	Parent/care provider unavailable	Parent/care provider refused	Clinician not trained in outcome measure	Other Reasons
	Percent	38.69%	16.52%	9.23%	7.14%	7.14%	21.28%
	n	260	111	62	48	48	143
	Total Post 652	Premature termination	Parent/care provider unavailable	Lost contact with parent/care provider	Administration date exceeds acceptable range	Outcome measure unavailable	Other Reasons
	Percent	30.37%	20.55%	14.88%	9.97%	7.36%	16.87%
	n	198	134	97	65	48	110

Youth Outcome Questionnaire - 2.01 (Parent)	Total Pre 412	Administration date exceeds acceptable range	Outcome measure unavailable	Parent/care provider unavailable	Parent/care provider refused	Premature termination	Other Reasons
	Percent	44.42%	14.08%	11.17%	7.52%	6.07%	16.75%
	n	183	58	46	31	25	69
	Total Post 408	Premature termination	Parent/care provider unavailable	Lost contact with parent/care provider	Administration date exceeds acceptable range	Parent/care provider refused	Other Reasons
	Percent	32.60%	19.61%	15.20%	10.29%	7.11%	15.20%
	n	133	80	62	42	29	62

Total Treatment Cycles 921	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
	39	Min 0	Max 127	32	Min 1	Max 204

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

<b>Table 7a. Outcome Data<sup>‡</sup> – Clients who Completed CPP</b>					
		<b>Percent Improvement from Pre to Post</b>	<b>Percent of Clients Showing Reliable Change* from Pre-CPP to Post-CPP</b>		
			<b>Positive Change</b>	<b>No change</b>	<b>Negative Change</b>
<b>Youth Outcome Questionnaire - 2.01 (Parent)</b>	<b>TOTAL</b>	55.37%	66.35%	28.44%	5.21%
		(n=211)	140	60	11

<sup>‡</sup>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=211)

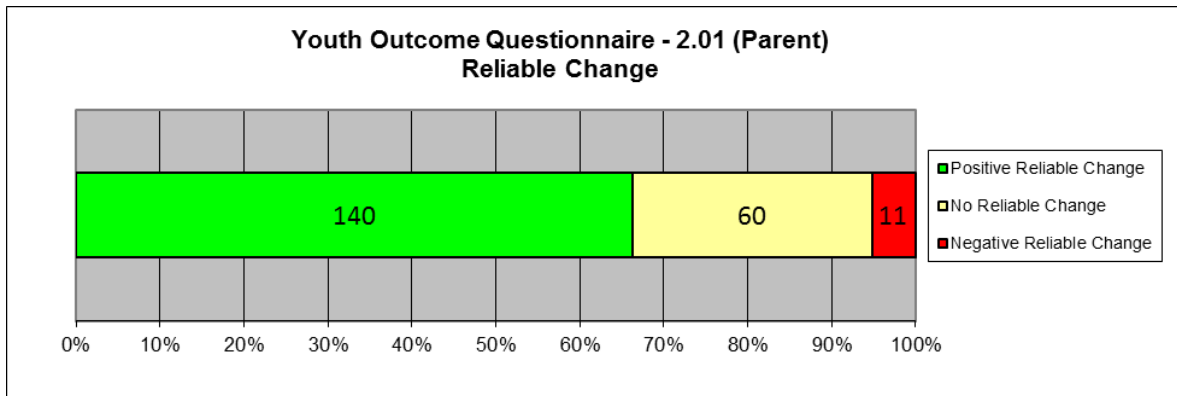
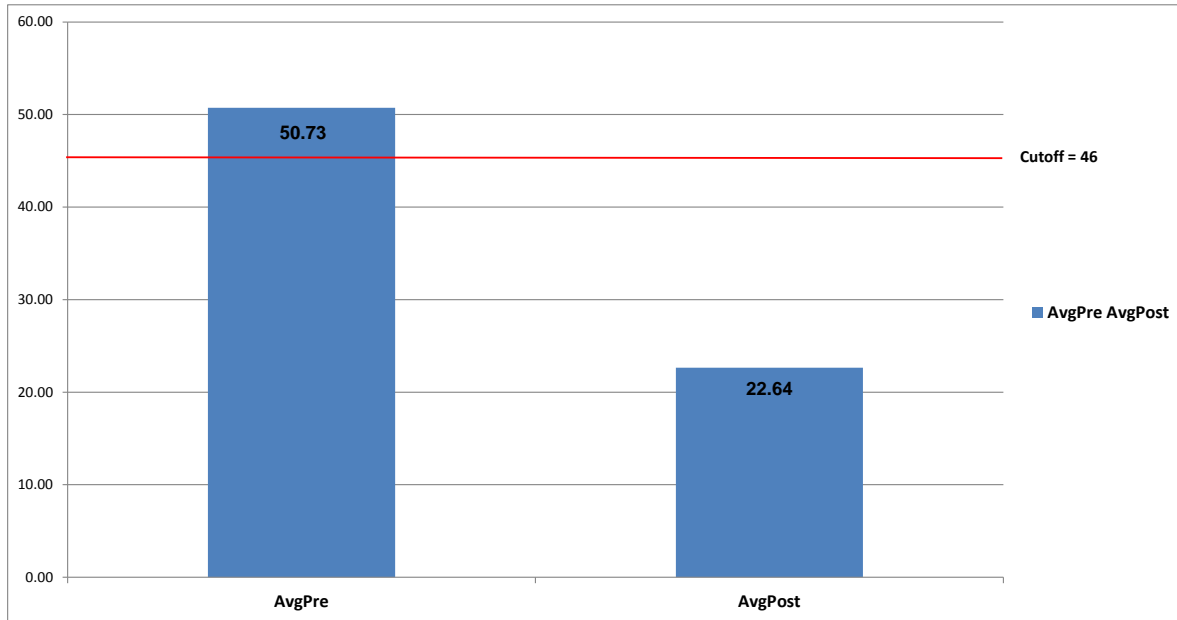
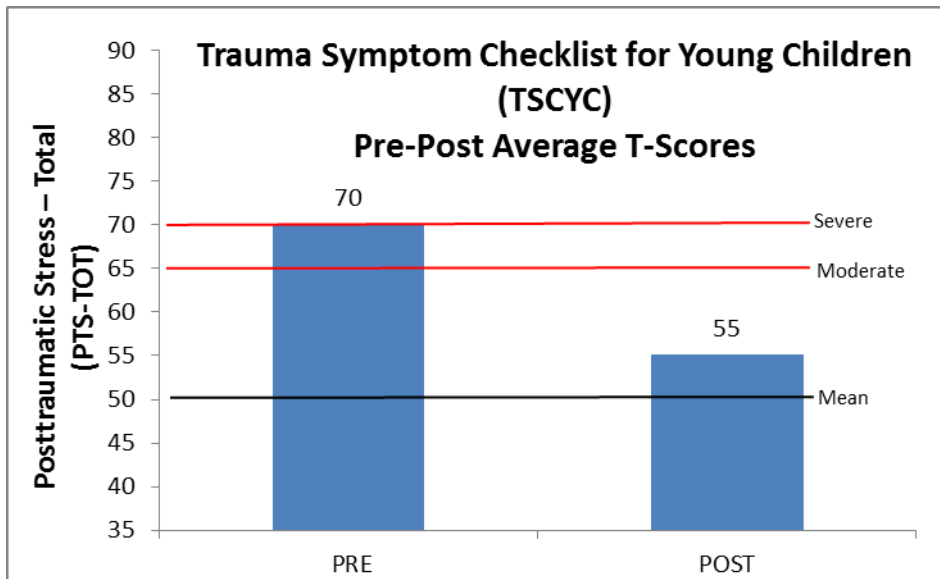


Table 7b. Outcome Data – Clients who Completed CPP			
Trauma Symptom Check List for Young Children (TSCYC) Posttraumatic Stress – Total Scale (PTS-TOT)			
Profile	Percent Change Raw Scores	T-Score Average Pre	T-Score Average Post
All Clients Ages 3-6	18.50% (n=328)	70	55



## 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.