

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



WELLNESS • RECOVERY • RESILIENCE

**Prevention & Early Intervention: Incredible Years  
Countywide Aggregate Practice Outcomes Dashboard Report**

**Outcome Data Submission through December 12, 2012**

**Participating Legal Entities Include:**

- Amanecer Community Counseling Services
- Child and Family Center
- Child and Family Guidance Center
- Children's Hospital of Los Angeles
- Children's Institute Inc.
- Foothill Family Service
- Hathaway Sycamores Child & Family Services
- Hillside
- Star View Adolescent Center
- LAC DMH
  - Long Beach Child & Adolescent Clinic
  - TIES for Families

**Table 1. IY Status since inception to December 12, 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=952	60.19% n=573	n=584	1.92% (n=11)	41.61% (n=243)	25.34% (n=148)

Note 1: Clients Claimed was based on IY being selected as the EBP in a PEI Plan and having  $\geq 1$  core services claimed to the practice.

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. Child Demographics – Clients Who Entered IY**

Total Number of Clients	Age	Gender		Ethnicity					Primary Language		
	Average	Female	Male	African-American	Asian/ Pacific Islander	Caucasian	Hispanic/ Latino	Other	English	Spanish	Other
n=573	8.00	33.16% (n=190)	66.84% (n=383)	9.42% (n=54)	1.05% (n=6)	4.36% (n=25)	81.15% (n=465)	4.01% (n=23)	47.82% (n=274)	51.13% (n=293)	1.05% (n=6)

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 IY**

Total Tx Cycles	Disruptive Behavior Disorder NOS	Attention Deficit/ Hyperactivity Disorder, Combined or Hyperactive	Oppositional Defiant Disorder	Generalized Anxiety Disorder	Disorder of Infancy, Childhood, or Adolescence NOS	Other
n=584	23.80% (n=139)	21.92% (n=128)	9.42% (n=55)	4.97% (n=29)	4.79% (n=28)	35.10% (n=205)

<b>Outcome measures administered</b>	<b>Pre-test with scores</b>	<b>Post-test with scores</b>	<b>Clients who completed both a Pre and Post measure with scores</b>
<b>ECBI</b>	63.46% (n=330) Ackn=520	45.16% (n=154) Ackn=341	21.54% (n=112) Ackn=520
<b>SESBI-R</b>	0.20% (n=1) Ackn=490	0.29% (n=1) Ackn=341	00.0% (n=0) Ackn=490
<b>YOQ</b>	88.36% (n=448) Ackn=507	63.75% (n=211) Ackn=331	37.48% (n=190) Ackn=507
<b>YOQ-SR</b>	0.00% (n=0) Ackn=19	0.00% (n=0) Ackn=16	0.00% (n=0) Ackn=19

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.

<b>ECBI</b>	<b>PRE</b> (n=190)	<b>Outcome measure unavailable</b>	<b>Administration date exceeds acceptable range</b>	<b>Not available in primary language</b>	<b>Parent/care provider unavailable</b>	<b>Clinician not trained in outcome measure</b>	<b>Other reasons</b>
			57.37% (n=109)	11.05% (n=21)	10.00% (n=19)	6.32% (n=12)	6.32% (n=12)
<b>POST</b> (n=187)	<b>Premature termination</b>	<b>Parent/care provider unavailable</b>	<b>Not available in primary language</b>	<b>Outcome measure unavailable</b>	<b>Administration date exceeds acceptable range</b>	<b>Other reasons</b>	
		37.97% (n=71)	18.18% (n=34)	14.97% (n=28)	8.02% (n=15)	6.95% (n=13)	13.90% (n=26)

**Table 5b. Top Reasons Given for “Unable to Collect”**

<b>SESBI-R</b>	<b>PRE</b> (n=489)	<b>Not required (SESBI only)</b>	<b>Outcome measure unavailable</b>	<b>Teacher unavailable</b>	<b>Premature termination</b>	<b>Clinician not trained in outcome measure</b>	<b>Other reasons</b>
		58.497% (n=286)	22.70% (n=111)	11.45% (n=56)	2.25% (n=11)	2.04% (n=10)	3.07% (n=15)
	<b>POST</b> (n=340)	<b>Not required (SESBI only)</b>	<b>Outcome measure unavailable</b>	<b>Teacher unavailable</b>	<b>Premature termination</b>	<b>Clinician not trained in outcome measure</b>	<b>Other reasons</b>
		50.88% (n=173)	15.59% (n=53)	15.00% (n=51)	13.82% (n=47)	2.65% (n=9)	2.06% (n=7)

**Table 5c. Top Reasons Given for “Unable to Collect”**

<b>YOQ – 2.01 (Parent)</b>	<b>PRE</b> (n=59)	<b>Administration date exceeds acceptable range</b>	<b>Parent/care provider unavailable</b>	<b>Lost contact with parent/care provider</b>	<b>Outcome measure unavailable</b>	<b>Invalid outcome measure</b>	<b>Other reasons</b>
		42.37% (n=25)	13.56% (n=8)	13.56% (n=8)	13.56% (n=8)	6.78% (n=4)	10.17% (n=6)
	<b>POST</b> (n=120)	<b>Premature termination</b>	<b>Parent/care provider unavailable</b>	<b>Administration date exceeds acceptable range</b>	<b>Lost contact with parent/care provider</b>	<b>Outcome measure unavailable</b>	<b>Other reasons</b>
		55.83% (n=67)	24.17% (n=29)	7.50% (n=9)	5.00% (n=6)	3.33% (n=4)	4.17% (n=5)

Table 5d. Top Reasons Given for “Unable to Collect”					
<b>YOQ – SR</b>	<b>PRE</b> (n=19)	<b>Client unavailable</b>	<b>Invalid outcome measure</b>	<b>Outcome measure unavailable</b>	
		73.68% (n=14)	15.79% (n=3)	10.53% (n=2)	
	<b>POST</b> (n=16)	<b>Client unavailable</b>	<b>Premature termination</b>	<b>Invalid outcome measure</b>	<b>Outcome measure unavailable</b>
		37.50% (n=6)	31.25% (n=5)	18.75% (n=3)	12.50% (n=2)

Table 6. Service Delivery Data – Clients Who Completed IY		
# of Tx Cycles	Average Length of Treatment	Average Number of Sessions
(n=243)	22 weeks Range: 5 - 40 weeks	18 sessions Range: 3 - 57 sessions

Note: Completed IY is defined as having a ‘yes’ for completion indicated in the PEI OMA.

**Table 7. Child Outcome Data<sup>±</sup> – Clients who Completed IY**

		Percent of Clients Showing Reliable Change <sup>±</sup> from Pre-IY to Post-IY		
		Positive Change	No Change	Negative Change
<b>Eyberg Child Behavior Inventory (ECBI) (n=107)</b>	<b>Intensity Raw Score</b>	41.12% (n=44)	50.47% (n=54)	8.41% (n=9)
	<b>Problem Raw Score</b>	42.99% (n=46)	50.47% (n=54)	6.54% (n=7)
<b>Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R)</b>	<b>Intensity Raw Score</b>	00.0% NA	00.0% NA	00.0% NA
	<b>Problem Raw Score</b>	00.0% NA	00.0% NA	00.0% NA
<b>Youth Outcome Questionnaire (YOQ) – 2.01 (Parent) (n=183)</b>		44.81% (n=82)	46.45% (n=85)	8.74% (n=16)
<b>Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)</b>		00.0% (n=0)	00.0% (n=0)	00.0% (n=0)

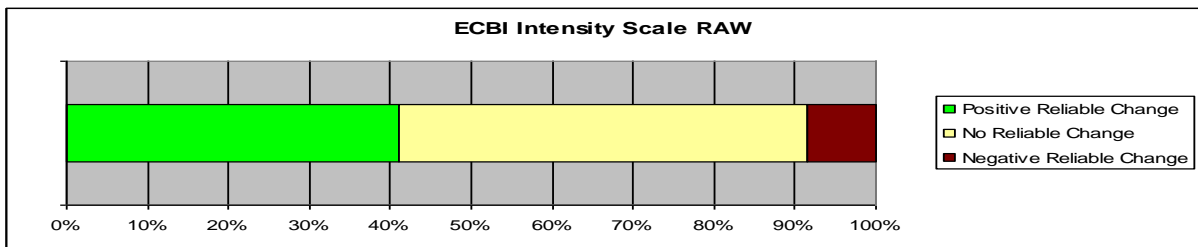
<sup>±</sup>Please see Appendix A for a description of the IY outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).

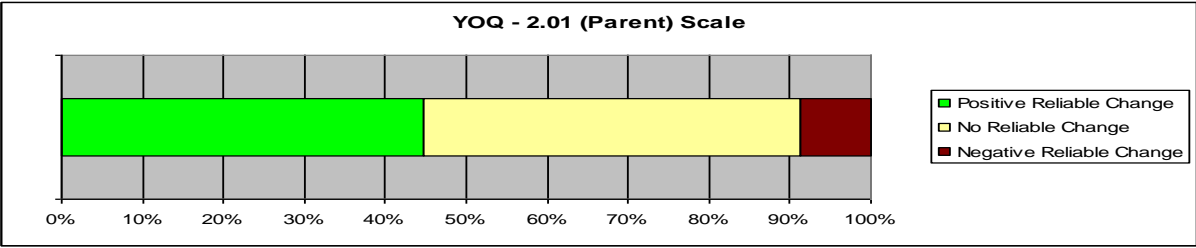
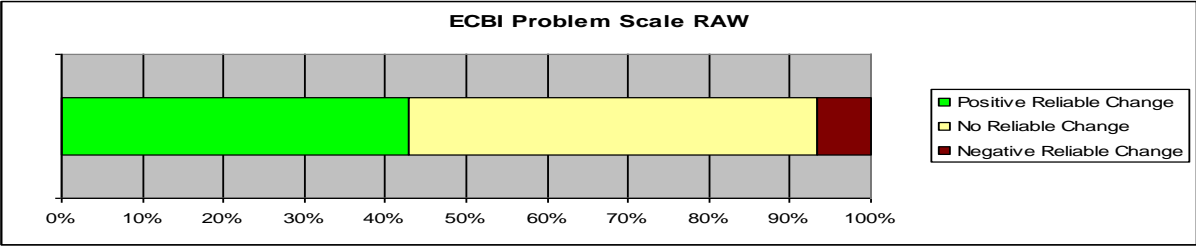
Note1: Possible ECBI Intensity Raw Scores range from 36-252, with a clinical cutpoint of 131; and possible ECBI Problem Raw Scores range from 0-36, with a clinical cutpoint of 15.

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

Eyberg Child Behavior Inventory (ECBI) The Eyberg Child Behavior Inventory is a 36-item parent-report measure that assesses behavioral problems in children from the ages of 2 through 16. Each behavior problem is rated on a 7-point intensity scale and a Yes-No problem scale that indicates whether the child's behavior is a problem for the parent. The ECBI Intensity scale scores can range from 36-252 with a clinical cut point of 131. The ECBI problem scale can range from 0-36 with a clinical cut point of 15.

Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R) The Sutter-Eyberg Student Behavior Inventory-Revised is a 38-item measure that assesses behavior problems in children from ages 2 through 16. The SESBI is similar in format and content to the ECBI but is designed to be completed by teachers in a school setting. The SESBI Intensity scale scores can range from 38-266 with a clinical cut point of 151. The SESBI problem scale can range from 0-38 with a clinical cut point of 19. The number and percent improvement in ECBI (SESBI) problems and Intensity scales scores from Incredible Years (IY) is reported when available.

Youth Outcomes Questionnaires (YOQ and YOQ-SR) 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. The YOQ-SR is the Self-report version of the YOQ and is completed by the child/adolescent him or herself. Scores on both measures can range from -16 to 240. Scores of 46 or higher are most similar to a clinical population on the YOQ. A score of 47 is most similar to that of a clinical population on the YOQ-SR.

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.