

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



WELLNESS • RECOVERY • RESILIENCE

Prevention & Early Intervention: Aggression Replacement Training (ART)

Countywide Aggregate Practice Outcomes Dashboard Report

Outcome Data Submission through May 22, 2013

Participating Legal Entities Include:

Counseling And Research Associates dba Masada Homes	Penny Lane Centers
Ettie Lee Homes, Inc.	Phoenix House Of Los Angeles, Inc.
Five Acres	San Fernando Valley Child Guidance
Hillsides	San Gabriel Children's Center, Inc.
Leroy Haynes Foundation, Inc.	Special Service For Groups
Optimist Youth Homes	Star View Adolescent Center, Inc.
Pacific Clinics	Sun Healthcare Group, Inc.
Pacific Lodge Youth Services	Tobinworld

Table 1. ART Status Since Inception to May 22, 2013					
# 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
3317	50.53%	1743	4.00%	21.00%	30.46%
n=	1676	n=	67	366	531

Note 1: Clients Claimed was based on ART being selected as the EBP in a PEI Plan and having ≥ 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. Client Demographics - Clients Who Entered ART											
Total Number of Clients	Age	Gender		Ethnicity					Primary Language		
	Average	Female	Male	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
	1676	14	26.73%	73.27%	26.01%	1.91%	9.96%	58.23%	3.88%	83.47%	14.92%
n=		448	1228	436	32	167	976	65	1399	250	27

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

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

Table 3: Top 5 Most Frequently Reported DSM-IV Primary Axis Diagnosis - Clients Who Entered ART						
Total Treatment Cycles	Oppositional Defiant Disorder	Mood Disorder NOS	Disruptive Behavior Disorder NOS	Attention-Deficit/Hyperactivity Disorder, Combined Type or Hyperactive Impulse Type	Depressive Disorder NOS	Other
1743	15.55%	13.54%	11.53%	11.42%	8.66%	39.30%
n=	271	236	201	199	151	685

Table 4: Program Process Data - Clients Who Entered ART			
Outcome Measures Administered	Pre-Test with Scores	Post-test with Scores	Clients Who Completed both a Pre and Post Measure with Scores
Eyberg Child Behavior Inventory (ECBI)	53.21%	26.89%	9.47%
	n= 646	164	115
	Ackn= 1214	610	1214
Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R)	8.85%	4.08%	1.30%
	n= 95	22	14
	Ackn= 1073	539	1073
Youth Outcome Questionnaire - 2.01 (Parent)	52.11%	25.42%	8.36%
	n= 742	168	119
	Ackn= 1424	661	1424
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)	80.06%	41.52%	14.86%
	n= 1056	257	196
	Ackn= 1319	619	1319
Outcome Questionnaire - 45.2	75.00%	25.00%	12.50%
	n= 6	1	1
	Ackn= 8	4	8

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"

Eyberg Child Behavior Inventory (ECBI)	Total Pre 568		Parent/care provider unavailable	Administration date exceeds acceptable range	Clinician not trained in outcome measure	Outcome measure unavailable	Parent/care provider refused	Other Reasons
		percent	36.97%	22.71%	14.79%	9.86%	5.11%	10.56%
		n	210	129	84	56	29	60
	Total Post 446		Parent/care provider unavailable	Premature termination	Administration date exceeds acceptable range	Invalid outcome measure	Clinician not trained in outcome measure	Other Reasons
		percent	35.43%	27.80%	9.42%	6.50%	6.28%	14.57%
		n	158	124	42	29	28	65

Table 5b. Top Reasons Given for "Unable to Collect"

Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R)	Total Pre 978		Not required (SESBI only)	Teacher unavailable	Administration date exceeds acceptable range	Outcome measure unavailable	Clinician not trained in outcome measure	Other Reasons
		percent	46.83%	34.05%	8.08%	5.42%	2.15%	3.48%
		n	458	333	79	53	21	34
	Total Post 517		Not required (SESBI only)	Teacher unavailable	Premature termination	Administration date exceeds acceptable range	Invalid outcome measure	Other Reasons
		percent	48.16%	27.66%	15.28%	4.45%	1.55%	2.90%
		n	249	143	79	23	8	15

Table 5c. Top Reasons Given for "Unable to Collect"

Youth Outcome Questionnaire - 2.01 (Parent)	Total Pre 683		Parent/care provider unavailable	Administration date exceeds acceptable range	Parent/care provider refused	Clinician not trained in outcome measure	Outcome measure unavailable	Other Reasons
		percent	60.18%	18.74%	5.42%	5.27%	4.54%	5.86%
		n	411	128	37	36	31	40
	Total Post 493		Parent/care provider unavailable	Premature termination	Lost contact with parent/care provider	Administration date exceeds acceptable range	Parent/care provider refused	Other Reasons
		percent	47.46%	32.45%	6.90%	6.09%	3.65%	3.45%
		n	234	160	34	30	18	17

Table 5d. Top Reasons Given for "Unable to Collect"

Youth Outcome Questionnaire Self Report - 2.0 (YOQ-SR)	Total Pre 263		Administration date exceeds acceptable range	Outcome measure unavailable	Client refused	Client unavailable	Clinician not trained in outcome measure	Other Reasons
		percent	34.60%	21.67%	17.49%	8.75%	6.46%	11.03%
		n	91	57	46	23	17	29
	Total Post 362		Premature termination	Client unavailable	Lost contact with client	Administration date exceeds acceptable range	Client refused	Other Reasons
		percent	45.03%	25.69%	11.33%	7.18%	5.80%	4.97%
		n	163	93	41	26	21	18

Table 5e. Top Reasons for "Unable to Collect"

Outcome Questionnaire - 45.2	Total Pre 2		Administered wrong forms
		percent	100.00%
		n	2
	Total Post 3		Administered wrong forms
		percent	100.00%
		n	3

Table 6. Service Delivery Data – Clients Who Completed ART						
Total Treatment Cycles 366	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
	26	Min 0	Max 121	33	Min 1	Max 237

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

Table 7 Outcome Data – Clients who Completed ART					
		Percent Improvement from Pre to Post	Percent of Clients Showing Reliable Change* from Pre-Art to Post-Art		
			Positive Change	No change	Negative Change
ECBI	Intensity - Raw Score	10.22% 73	32.88% 24	50.68% 37	16.44% 12
	Percent n				
	Problem - Raw Score	14.72% 73	21.92% 16	64.38% 47	13.70% 10
	Percent n				
SESBI-R	Intensity - Raw Score	Not Enough Data	0% 0	0% 0	0% 2
	Percent n				
	Problem - Raw Score	Not Enough Data	0% 0	0% 0	0% 0
	Percent n				
YOQ - 2.01 (Parent)	TOTAL	23.85% 92	43.48% 40	45.65% 42	10.87% 10
	Percent n				
YOQ-SR	TOTAL	12.08% 148	31.08% 46	51.35% 76	17.57% 26
	Percent n				

*Please see Appendix A. for a description of the ART outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).

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

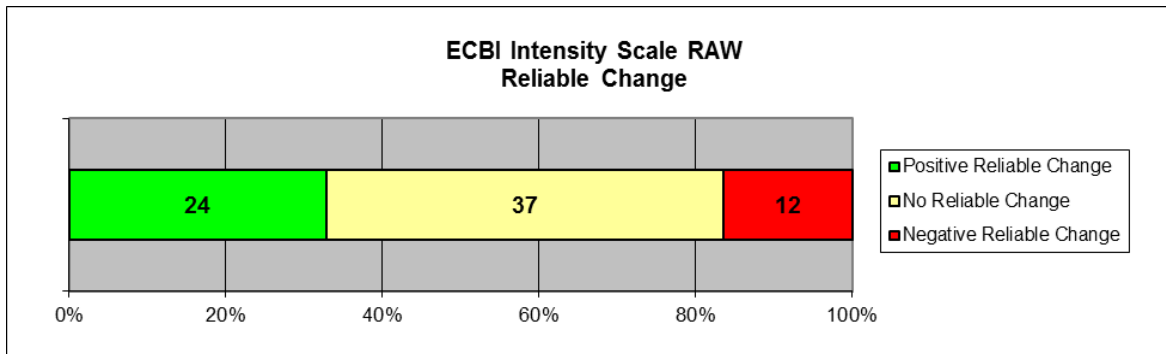
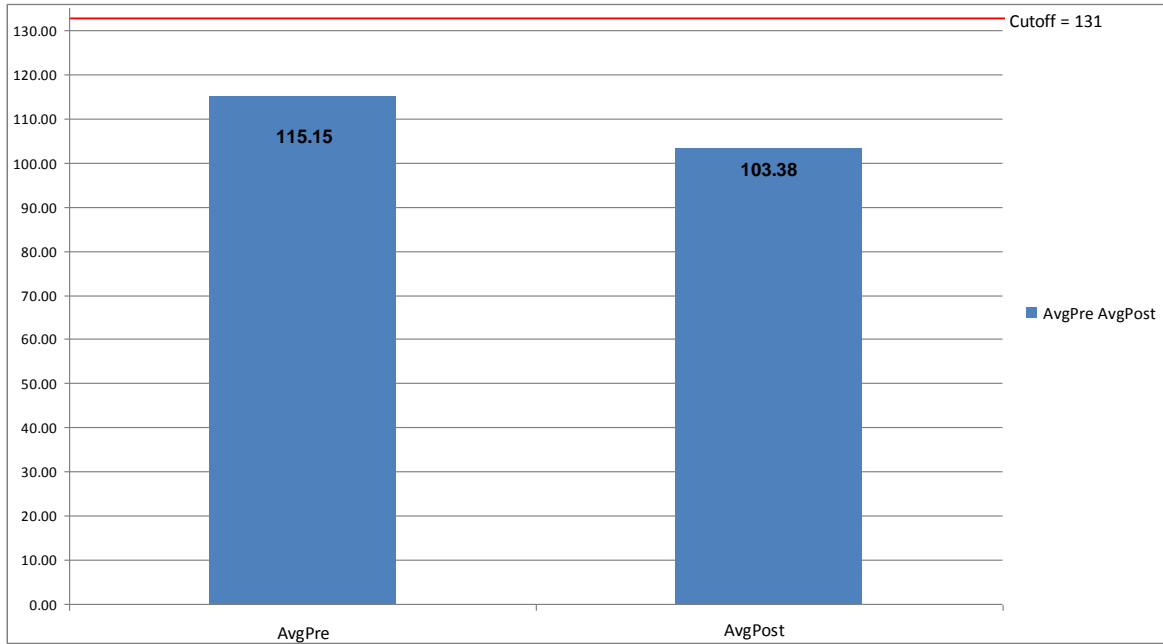
Note 2 Possible YOQ-Parent Total Scores can range from -16 -240, with a clinical cutpoint of 46

Note 3: Possible YOQ-SR Total Scores can range from -16-240, with a clinical cutpoint of 47.

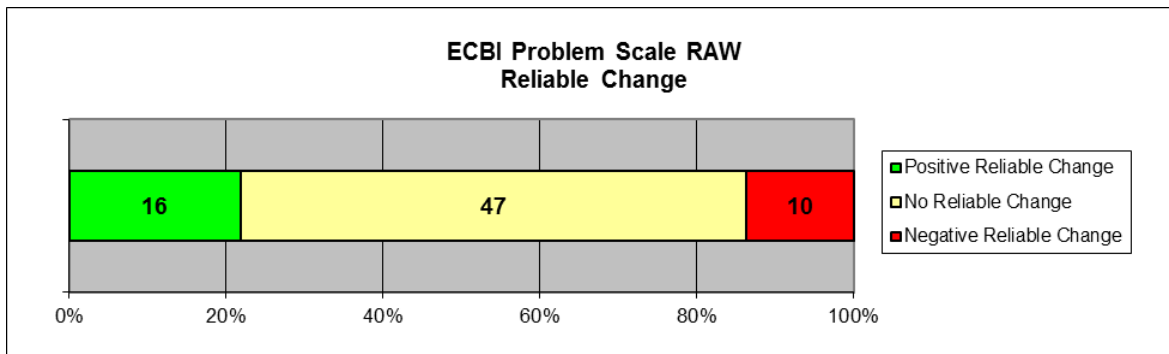
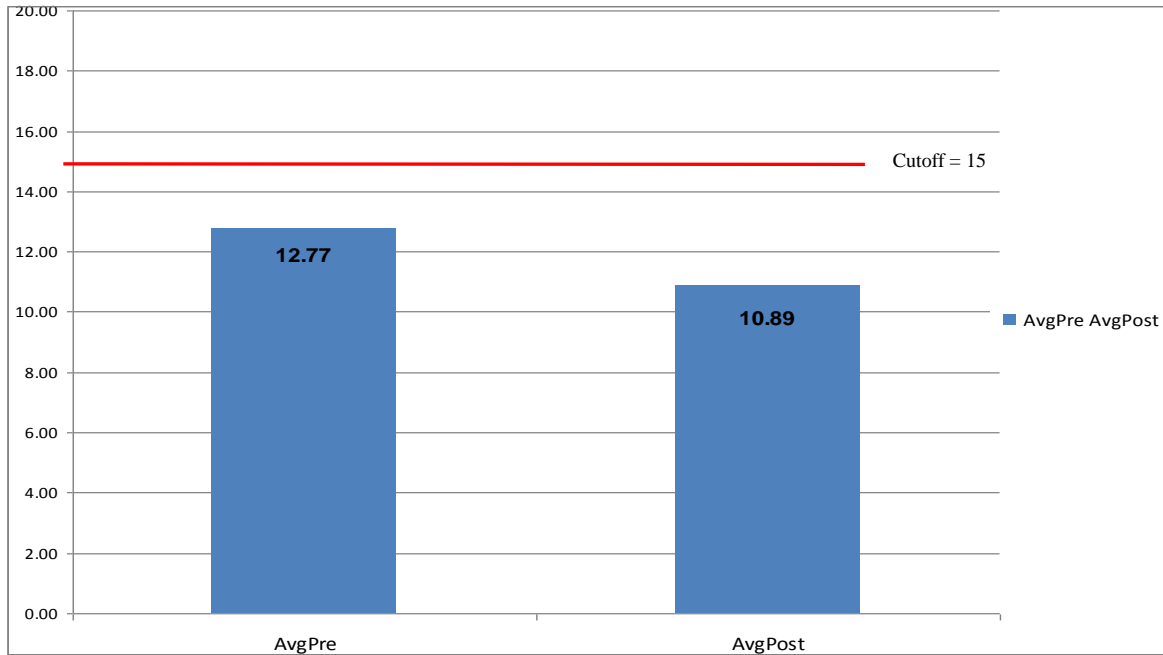
Note 4: Aggregate outcome data based on fewer than 20 children are not reported.

Note 5: Positive Change indicates that the scores decreased from the pre to the post measures.

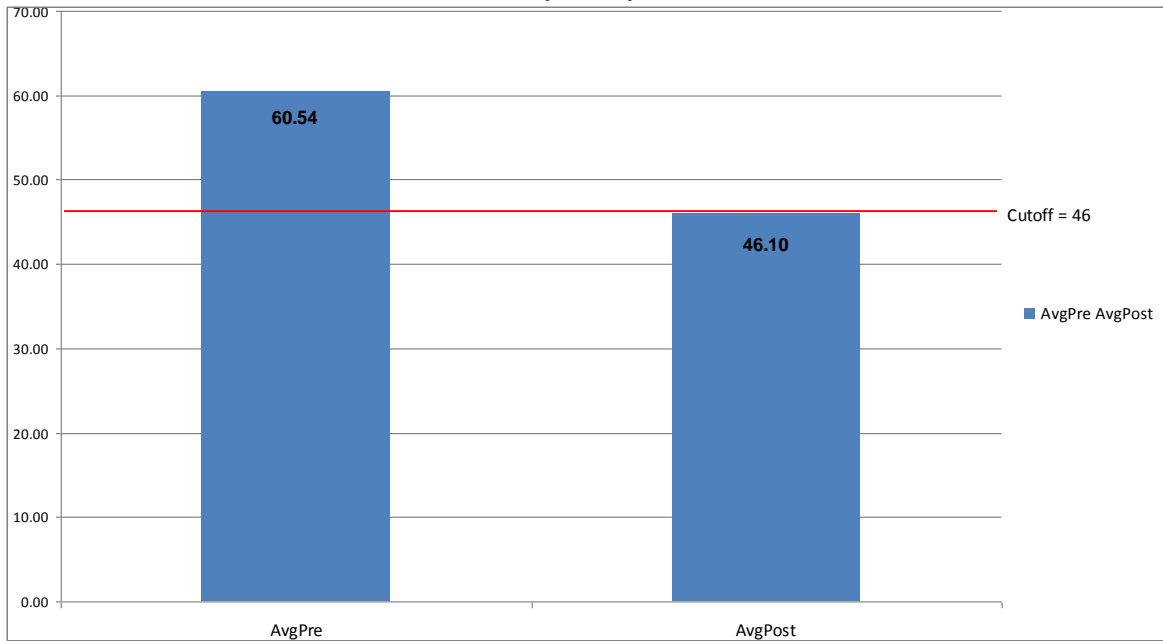
Eyberg Child Behavior Inventory (ECBI) Intensity - Raw Score (N=73)



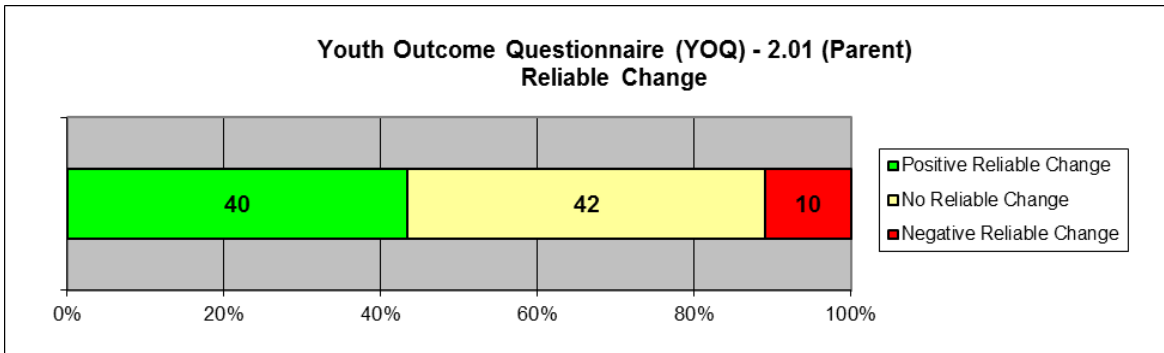
**Eyberg Child Behavior Inventory (ECBI)
Problem - Raw Score
(N=73)**



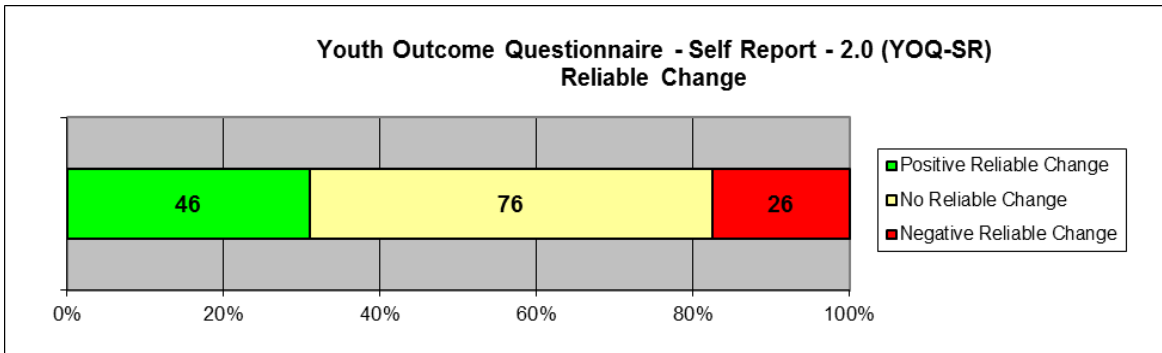
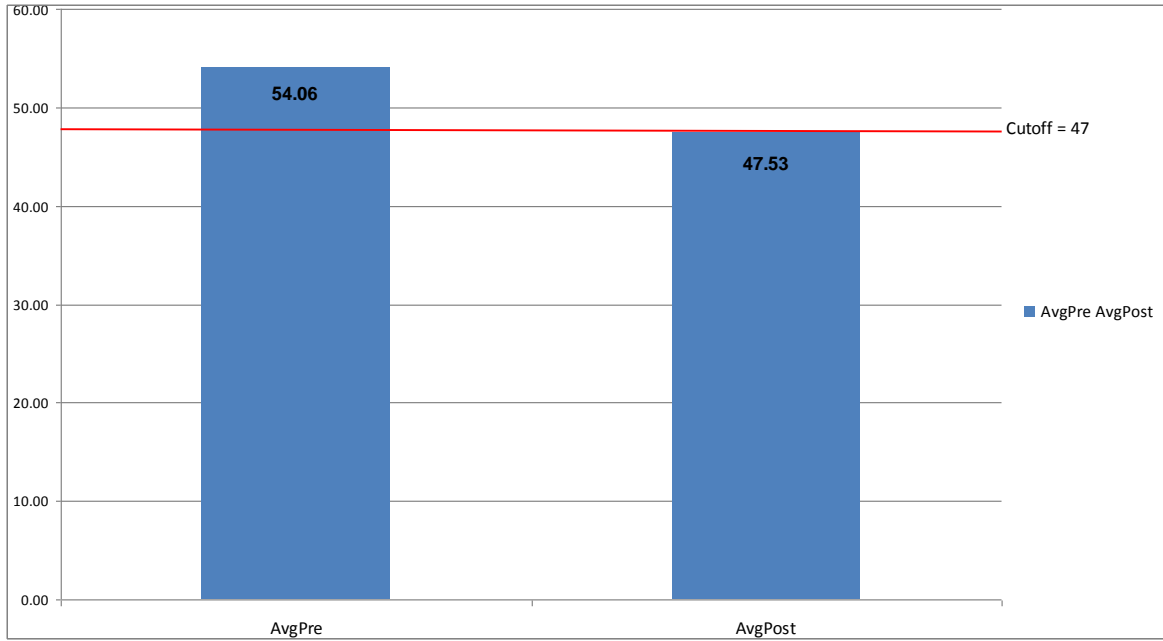
Youth Outcome Questionnaire - 2.01 (Parent) Total (N=92)



Youth Outcome Questionnaire (YOQ) - 2.01 (Parent) Reliable Change



**Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR) Total
(N=148)**



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 Aggression Replacement Training (ART) is reported when available.

Youth Outcomes Questionnaires (YOQ (Parent) 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.

Outcomes Questionnaires (OQ)

The Outcome Questionnaire is a 45-item self-report that assesses global distress in a client's life from ages 19 and older. Total Scores on this measure can range from 0 to 180, with scores of 63 or higher indicating clinical significance.

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 change while unhealthful reliable change is presented as negative change.