

**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 August 6, 2014**

**Participating Legal Entities Include:**

Child and Family Guidance Center	Pacific Lodge Youth Services
Counseling and Research Assc, Inc.	Penny Lane Centers
Drew Child Development Corporation	Phoenix House of Los Angeles, Inc.
Ettie Lee Homes, Inc.	San Gabriel Childrens Center, Inc.
Five Acres	Special Services for Groups
Hillsides	Star View Adolescent Center, Inc.
Leroy Haynes Foundation, Inc.	Sunbridge Harbor View Rehabilitation Center, Inc.
Pacific Clinics	Tobinworld

**Agencies submitting outcomes that are not approved to provide ART by PEI Administration:**

Optimist Youth Homes
Intercommunity Child Guidance Center

# 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
4548	54.02%	2632	6.59%	25.91%	42.93%
n=	2457	n=	162	682	1130

Note 1: Clients Claimed was based on ART 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.

Total Number of Clients	Age	Gender			Ethnicity					Primary Language		
	Average	Female	Male	Unknown	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
2457	14	30.65%	69.31%	0.04%	25.93%	2.12%	10.26%	57.96%	3.74%	85.10%	13.39%	1.51%
n=		753	1703	1	637	52	252	1424	92	2091	329	37

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.

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
2632	14.48%	14.10%	11.21%	10.98%	8.32%	40.92%
n=	381	371	295	289	219	1077

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)	56.81%	28.08%	13.78%
	n= 1105	358	268
	Ackn= 1945	1275	1945
Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R)	6.22%	2.35%	0.89%
	n= 112	28	16
	Ackn= 1801	1193	1801
Youth Outcome Questionnaire - 2.01 (Parent)	44.30%	19.76%	9.41%
	n= 1045	297	222
	Ackn= 2359	1503	2359
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)	80.95%	37.03%	19.54%
	n= 1653	488	399
	Ackn= 2042	1318	2042
Outcome Questionnaire - 45.2	63.64%	25.00%	18.18%
	n= 7	2	2
	Ackn= 11	8	11

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 840	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	47.50%	20.12%	10.24%	8.21%	5.36%	8.57%
	n	399	169	86	69	45	72
	Total Post 917	Parent/care provider unavailable	Premature termination	Invalid outcome measure	Administration date exceeds acceptable range	Parent/care provider refused	Other Reasons
	percent	44.93%	22.25%	7.85%	6.98%	6.65%	11.34%
	n	412	204	72	64	61	104

Table 5b. Top Reasons Given for "Unable to Collect"							
Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R)	Total Pre 1689	Teacher unavailable	Not required (SESBI only)	Administration date exceeds acceptable range	Outcome measure unavailable	Clinician not trained in outcome measure	Other Reasons
	percent	45.00%	40.02%	7.46%	3.61%	1.30%	2.61%
	n	760	676	126	61	22	44
	Total Post 1165	Teacher unavailable	Not required (SESBI only)	Premature termination	Administration date exceeds acceptable range	Invalid outcome measure	Other Reasons
	percent	42.75%	38.97%	10.73%	3.78%	1.29%	2.49%
	n	498	454	125	44	15	29

Table 5c. Top Reasons Given for "Unable to Collect"							
Youth Outcome Questionnaire - 2.01 (Parent)	Total Pre 1315	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	70.42%	14.14%	5.70%	2.89%	2.74%	4.11%
	n	926	186	75	38	36	54
	Total Post 1206	Parent/care provider unavailable	Premature termination	Parent/care provider refused	Lost contact with parent/care provider	Administration date exceeds acceptable range	Other Reasons
	percent	64.68%	19.65%	5.06%	4.15%	3.57%	2.90%
	n	780	237	61	50	43	35

Table 5d. Top Reasons Given for "Unable to Collect"							
Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)	Total Pre 389	Administration date exceeds acceptable range	Client refused	Outcome measure unavailable	Client unavailable	Clinician not trained in outcome measure	Other Reasons
	percent	27.51%	23.65%	17.22%	16.97%	4.63%	10.03%
	n	107	92	67	66	18	39
	Total Post 830	Client unavailable	Premature termination	Client refused	Lost contact with client	Administration date exceeds acceptable range	Other Reasons
	percent	40.84%	36.75%	7.95%	5.18%	4.94%	4.34%
	n	339	305	66	43	41	36

Table 5e. Top Reasons for "Unable to Collect"				
Outcome Questionnaire - 45.2	Total Pre 4	Administered wrong forms		
	percent	100.00%		
	n	4		
	Total Post 6	Administered wrong forms	Premature termination	Client refused
	percent	50.00%	33.33%	16.67%
	n	3	2	1

Table 6. Service Delivery Data – Clients Who Completed ART						
Total Treatment Cycles 682	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
	26	Min 0	Max 121	34	Min 1	Max 239

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
<b>Eyberg Child Behavior Inventory (ECBI)</b>	Intensity - Raw Score				
	Percent	11.57%	35.07%	47.01%	17.91%
	n	134	47	63	24
	Problem - Raw Score				
Percent	20.31%	30.60%	53.73%	15.67%	
n	134	41	72	21	
<b>Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R)</b>	Intensity - Raw Score				
	Percent	Not Enough Data	0.00%	0.00%	0.00%
	n		NA	NA	NA
	Problem - Raw Score				
Percent	Not Enough Data	0.00%	0.00%	0.00%	
n		NA	NA	NA	
<b>Youth Outcome Questionnaire - 2.01 (Parent)</b>	TOTAL				
	Percent	20.82%	41.82%	47.27%	10.91%
n	165	69	78	18	
<b>Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)</b>	TOTAL				
	Percent	13.13%	31.34%	52.82%	15.85%
n	284	89	150	45	

\*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).

Note 1: 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.

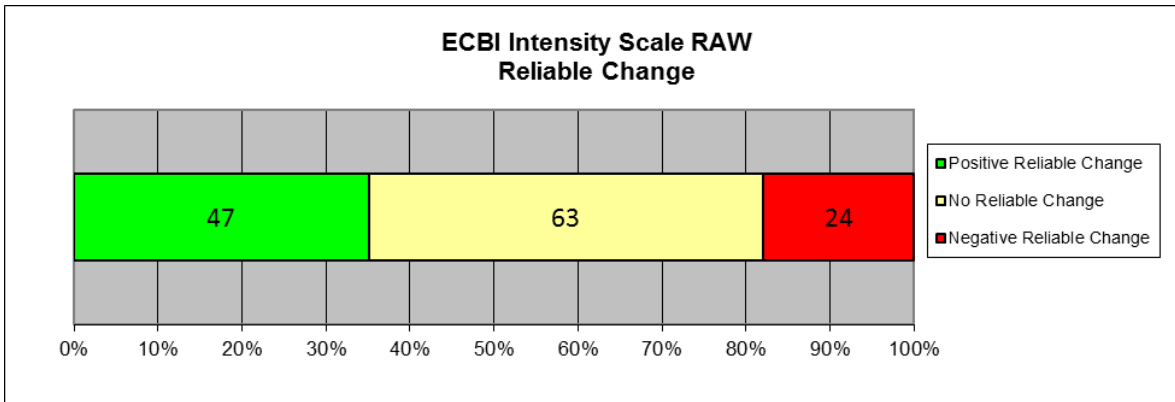
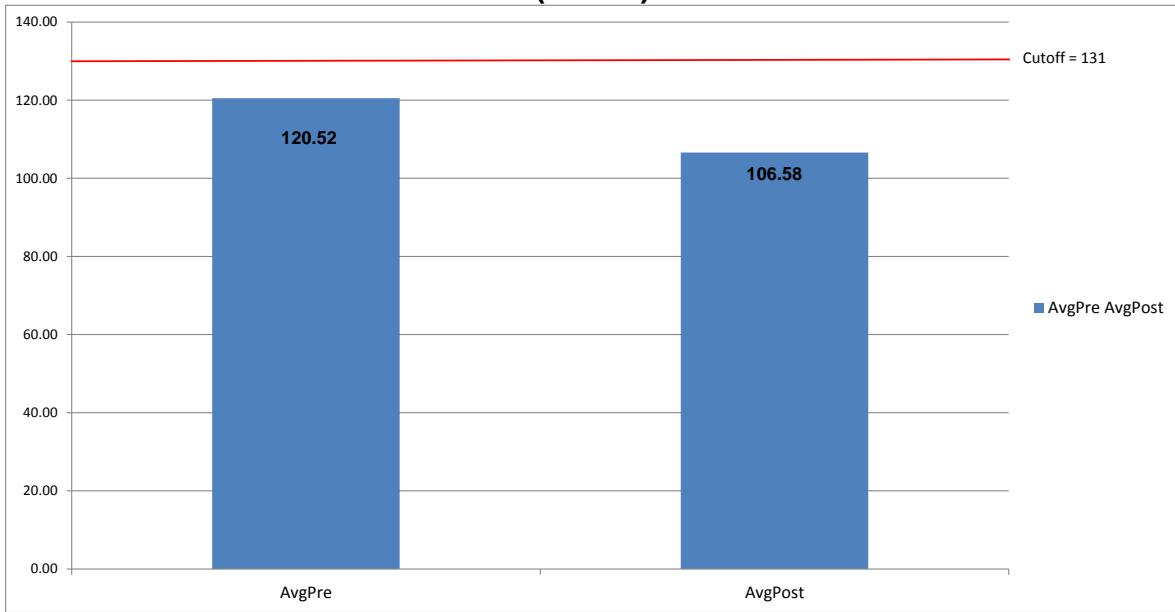
Note 2 Possible YOQ-Parent Total Scores can range from -16 -240, with a clinical cutpoint of 46

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.

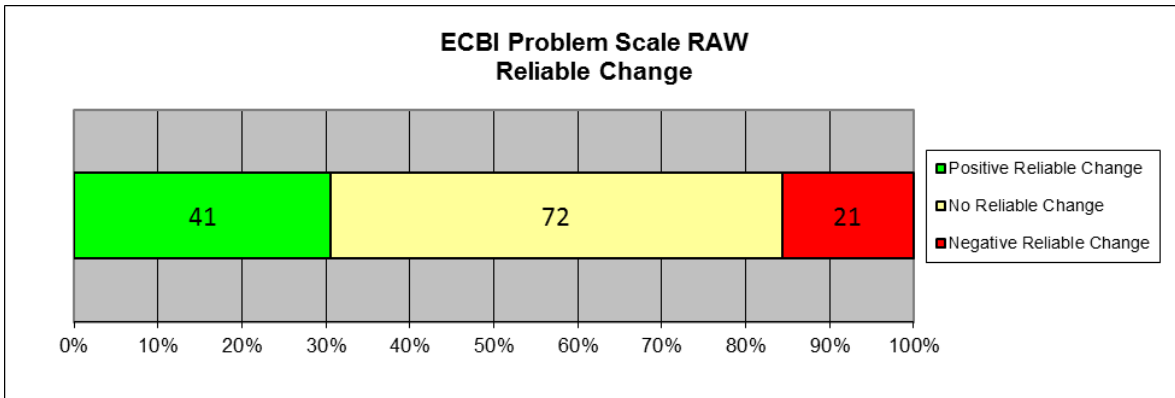
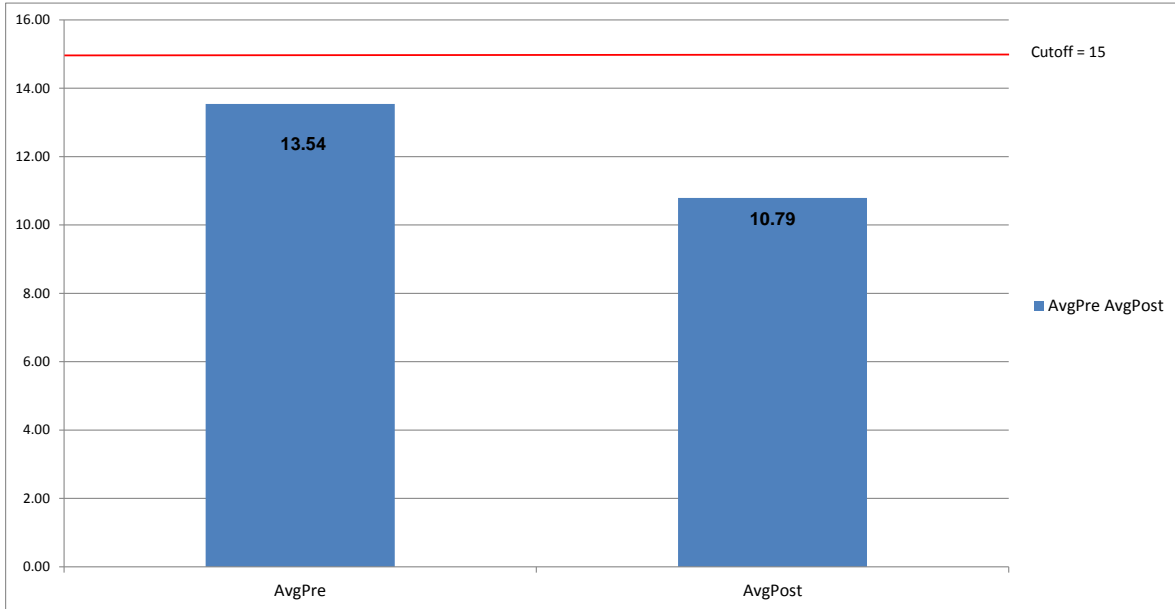
Note 5: Positive Change indicates that the scores decreased from the pre to the post measures.

### Eyberg Child Behavior Inventory (ECBI) Intensity - Raw Score (N=134)

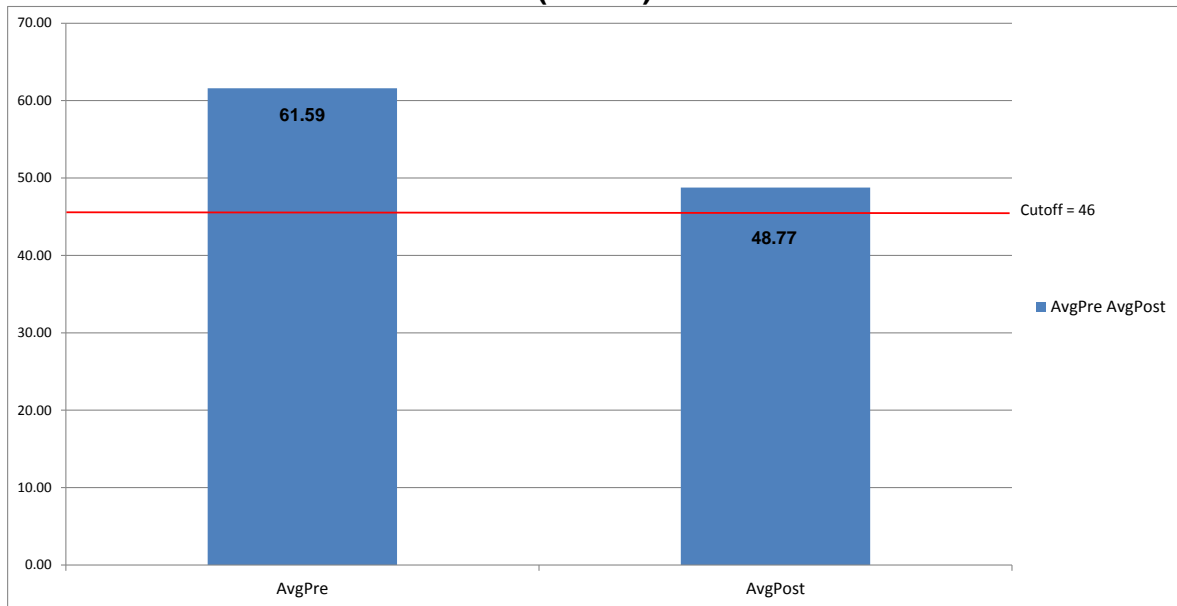




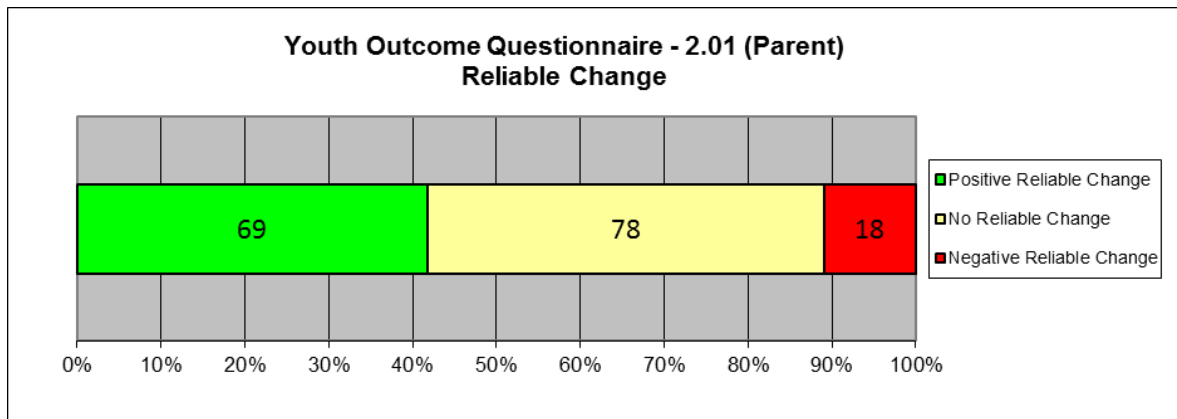
**Eyberg Child Behavior Inventory (ECBI)  
Problem - Raw Score  
(N=134)**



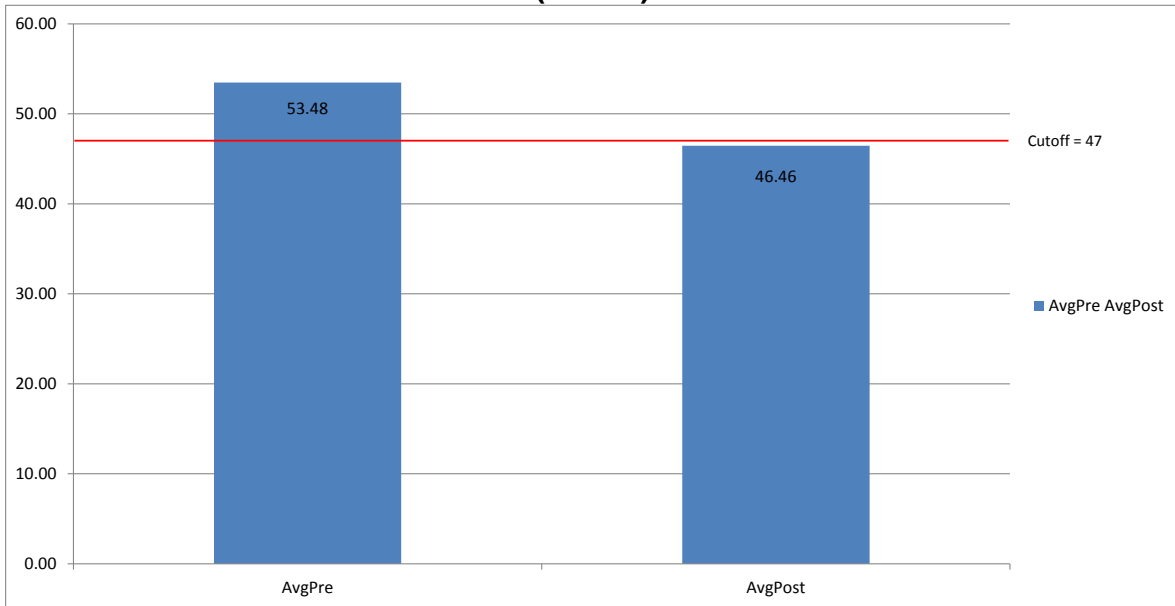
### Youth Outcome Questionnaire - 2.01 (Parent) (N=165)



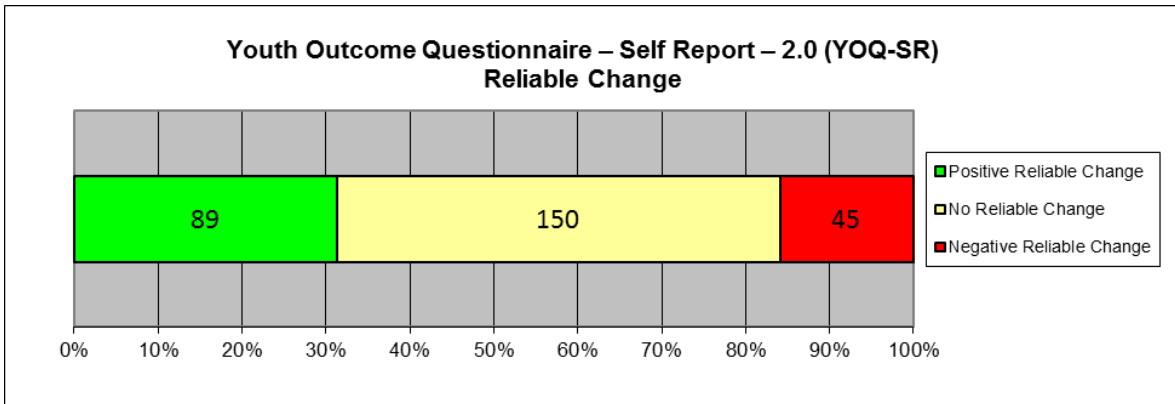
### Youth Outcome Questionnaire - 2.01 (Parent) Reliable Change



**Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR) Total  
(N=284)**



**Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)  
Reliable Change**



## 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 64 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 unhealthy reliable change is presented as negative change.