

**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 January 6, 2015**

**Participating Legal Entities Include:**

CENTER FOR INTEGRATED FAMILY HEALTH	PENNY LANE CENTERS
CHILD AND FAMILY GUIDANCE CENTER	PHOENIX HOUSE OF LOS ANGELES INC
COUNSELING AND RESEARCH ASSC INC	SAN GABRIEL CHILDRENS CENTER INC
DREW CHILD DEVELOPMENT CORPORATION	SPECIAL SERVICE FOR GROUPS
ETTIE LEE HOMES INC	STAR VIEW ADOLESCENT CENTER INC
FIVE ACRES	SUNBRIDGE HARBOR VIEW REHABILITATION
HILLSIDES	TOBINWORLD
LEROY HAYNES FOUNDATION INC	<b>L.A. COUNTY DMH</b>
PACIFIC CLINICS	JUV JUS TRANSITION AFTERCARE SVCS
PACIFIC LODGE YOUTH SERVICES	

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

INTERCOMMUNITY CHILD GUIDANCE CTR
OPTIMIST YOUTH HOMES DBA BOYS HOME

Table 1. ART Status Since Inception to January 6, 2015

# 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	Still In Tx
4261	66.39%	3054	7.28%	28.75%	43.94%	27.31%
n=	2829	n=	206	878	1342	834

Note 1: Clients Claimed was based on ART being selected as the EBP in a PEI Plan and having  $\geq 2$  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 2829	Age	Gender			Ethnicity					Primary Language		
	Average	Female	Male	Unknown	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
	14	31.81%	68.15%	0.04%	25.38%	2.05%	10.32%	58.29%	3.96%	84.94%	13.43%	1.63%
	n=	900	1928	1	718	58	292	1649	112	2403	380	46

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
3054	14.67%	14.08%	11.43%	11.33%	8.06%	40.44%
n=	448	430	349	346	246	1235

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) n= Ackn=	57.12%	31.25%	16.55%
	1308	499	379
	2290	1597	2290
Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R) n= Ackn=	5.60%	2.24%	0.84%
	120	34	18
	2142	1515	2142
Youth Outcome Questionnaire - 2.01 (Parent) n= Ackn=	45.55%	21.63%	11.13%
	1265	407	309
	2777	1882	2777
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR) n= Ackn=	80.57%	39.67%	22.36%
	1874	630	520
	2326	1588	2326
Outcome Questionnaire - 45.2 n= Ackn=	71.43%	25.00%	14.29%
	10	2	2
	14	8	14

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 982	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	47.96%	18.43%	8.96%	8.55%	7.54%	8.55%
	n	471	181	88	84	74	84
	Total Post 1098	Parent/care provider unavailable	Premature termination	Parent/care provider refused	Invalid outcome measure	Lost contact with parent/care provider	Other Reasons
	percent	44.44%	22.13%	7.47%	6.65%	6.38%	12.93%
	n	488	243	82	73	70	142

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

Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R)	Total Pre 2022	Teacher unavailable	Not required (SESBI only)	Administration date exceeds acceptable range	Outcome measure unavailable	Invalid outcome measure	Other Reasons
	percent	46.54%	38.33%	6.43%	3.61%	1.98%	3.12%
	n	941	775	130	73	40	63
	Total Post 1481	Teacher unavailable	Not required (SESBI only)	Premature termination	Administration date exceeds acceptable range	Invalid outcome measure	Other Reasons
	percent	47.40%	35.92%	9.05%	3.31%	1.82%	2.50%
	n	702	532	134	49	27	37

Table 5c. Top Reasons Given for "Unable to Collect"							
Youth Outcome Questionnaire - 2.01 (Parent)	Total Pre 1513	Parent/care provider unavailable	Administration date exceeds acceptable range	Parent/care provider refused	Outcome measure unavailable	Clinician not trained in outcome measure	Other Reasons
	percent	70.79%	13.09%	6.68%	2.64%	2.64%	4.16%
	n	1071	198	101	40	40	63
	Total Post 1475	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%	17.63%	5.90%	5.36%	3.19%	3.25%
	n	954	260	87	79	47	48

Table 5d. Top Reasons Given for "Unable to Collect"							
Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)	Total Pre 452	Client refused	Administration date exceeds acceptable range	Client unavailable	Outcome measure unavailable	Invalid outcome measure	Other Reasons
	percent	25.44%	24.78%	18.81%	15.93%	4.42%	10.62%
	n	115	112	85	72	20	48
	Total Post 958	Client unavailable	Premature termination	Client refused	Lost contact with client	Administration date exceeds acceptable range	Other Reasons
	percent	38.52%	38.00%	8.35%	6.16%	4.91%	4.07%
	n	369	364	80	59	47	39

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 878	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
	25	Min 0	Max 121	35	Min 1	Max 472

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	9.80% 215			
	Percent n		33.49% 72	49.77% 107	16.74% 36
	Problem - Raw Score	20.69% 215			
	Percent n		29.77% 64	55.81% 120	14.42% 31
<b>Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R)</b>	Intensity - Score	Not Enough Data			
	Percent n		0.00% NA	0.00% NA	0.00% NA
	Problem - Score	Not Enough Data			
	Percent n		0.00% NA	0.00% NA	0.00% NA
<b>Youth Outcome Questionnaire - 2.01 (Parent)</b>	TOTAL	23.78% 228			
	Percent n		46.49% 106	43.42% 99	10.09% 23
<b>Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)</b>	TOTAL	12.33% 365			
	Percent n		30.14% 110	55.07% 201	14.79% 54

\*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.

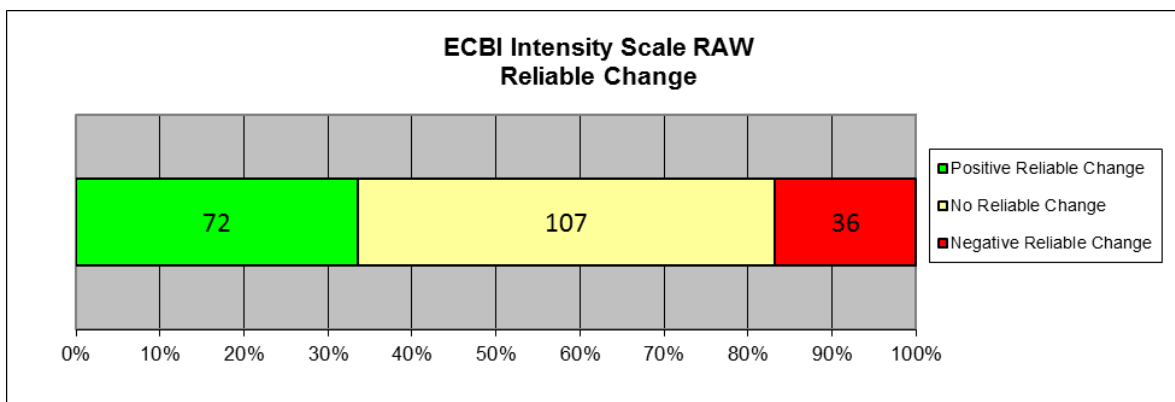
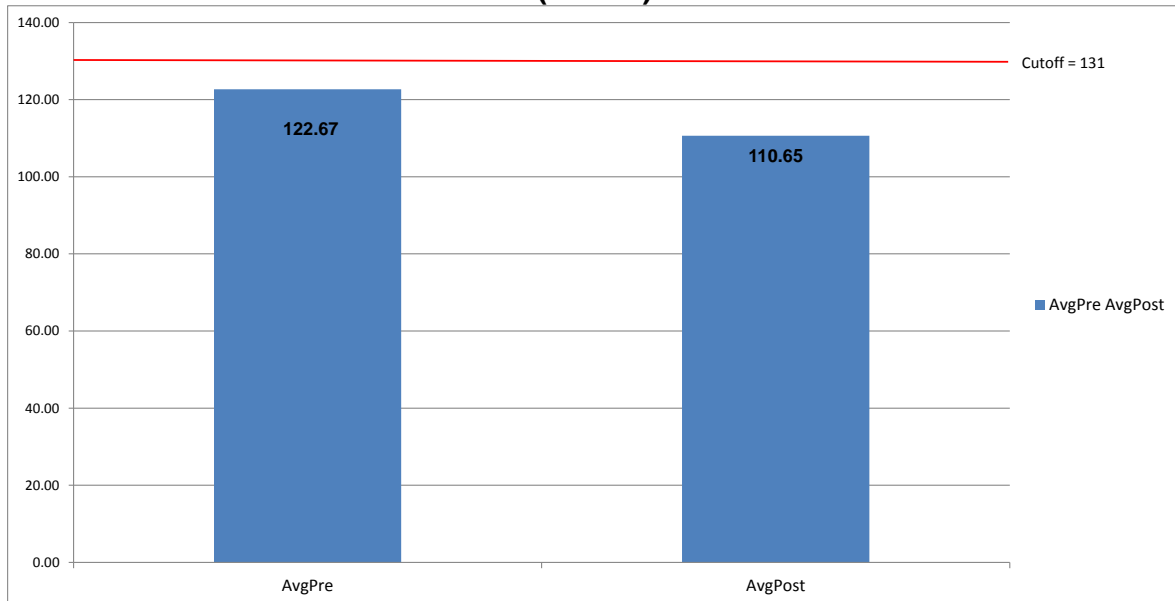
Note 2 Possible YOQ-Parent Total Scores can range from -16 -240, with a clinical cutpoint of 46

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.

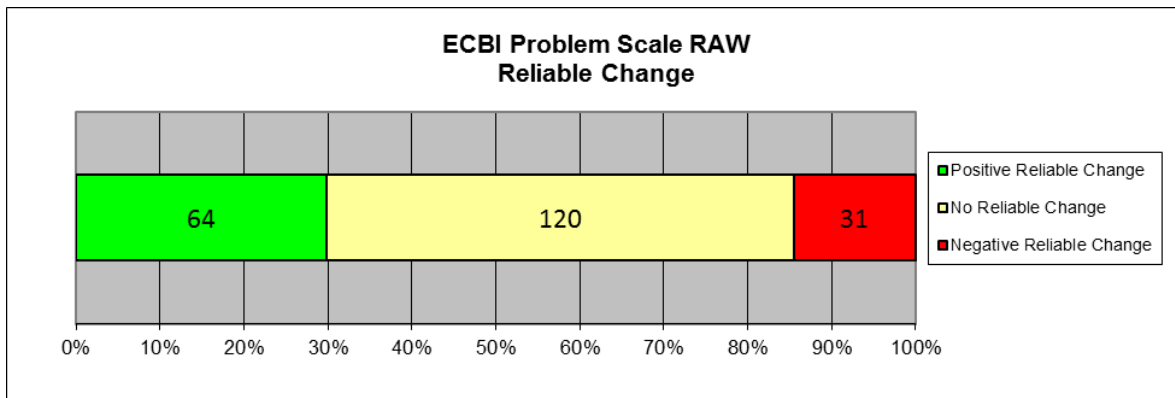
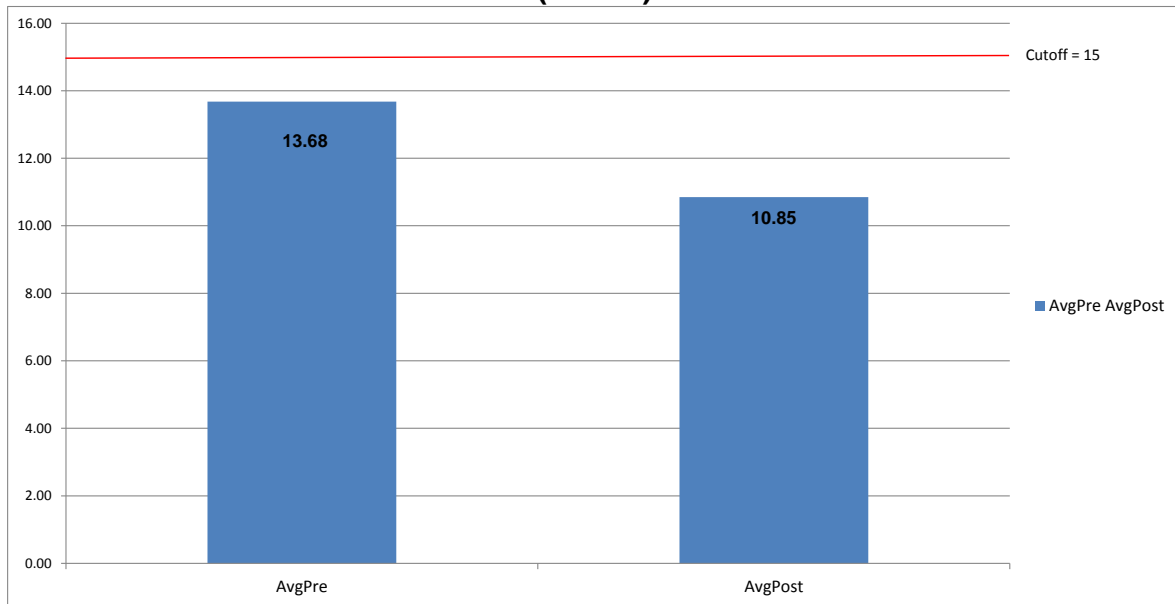
Note 5: Positive Change indicates that the scores decreased from the pre to the post measures.

# **Eyberg Child Behavior Inventory (ECBI)** **Intensity - Raw Score** **(N=215)**

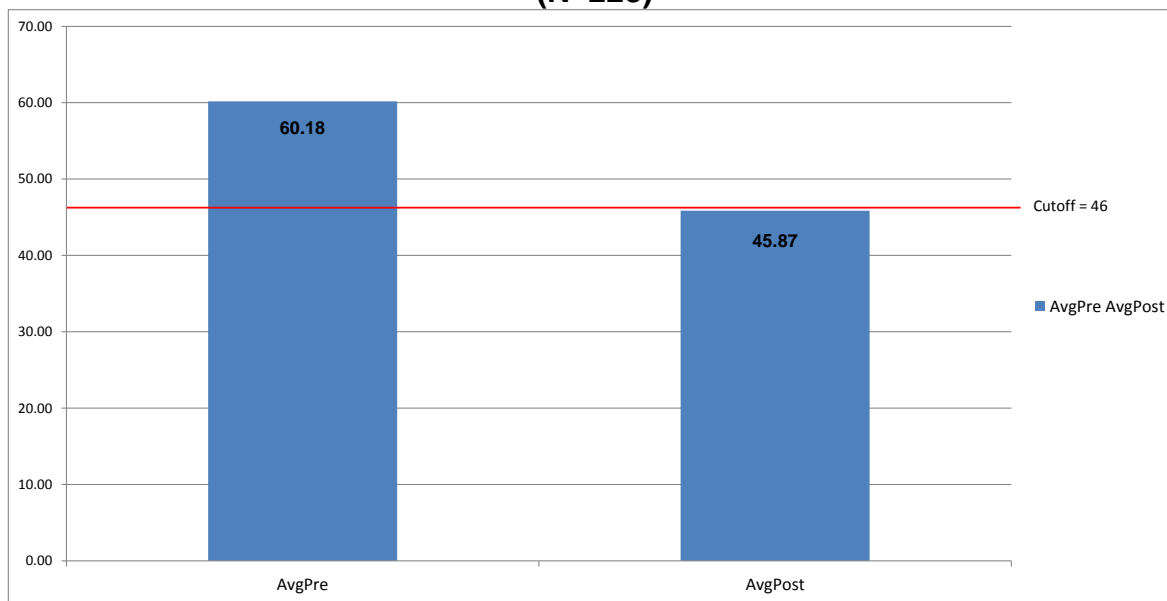




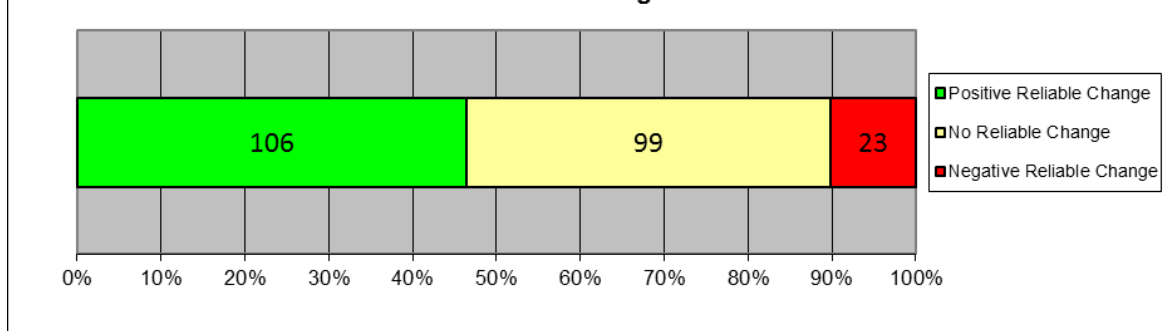
# **Eyberg Child Behavior Inventory (ECBI) Problem - Raw Score (N=215)**



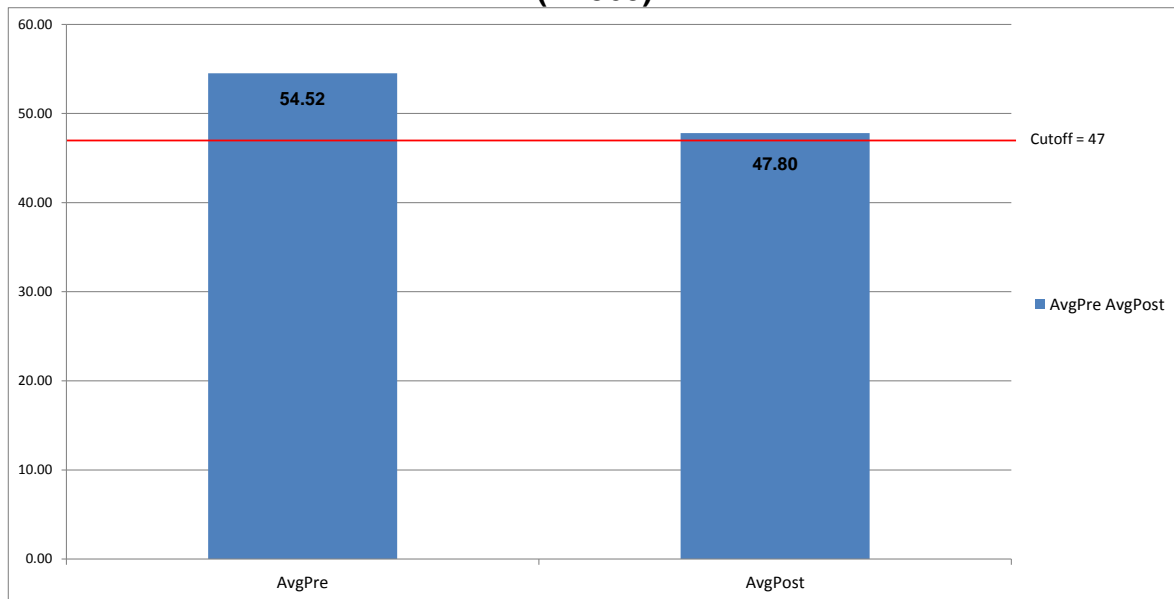
### Youth Outcome Questionnaire - 2.01 (Parent) (N=228)



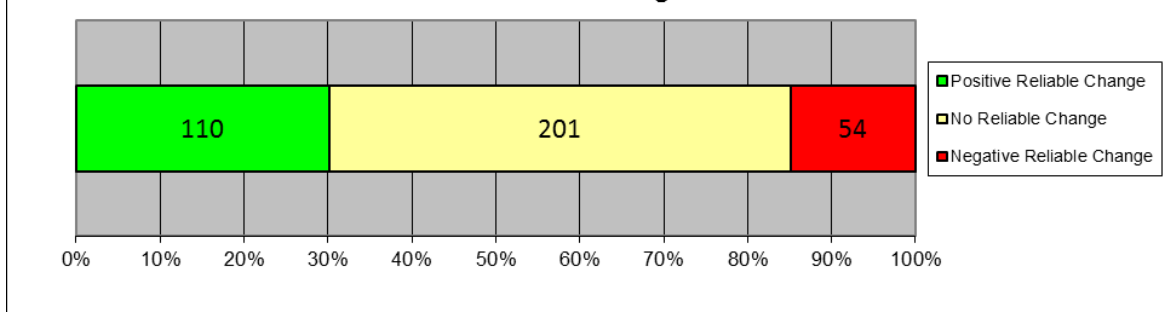
### Youth Outcome Questionnaire - 2.01 (Parent) Reliable Change



### Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR) Total (N=365)



### 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 unhealthful reliable change is presented as negative change.