

**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 June 6, 2016**

**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 BEHAVIORAL HEALTH 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 June 4, 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
4877	66.39%	3497	7.29%	34.80%	47.18%	18.02%
n=	3238	n=	236	1217	1650	630

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	Age	Gender			Ethnicity					Primary Language		
	Average	Female	Male	Unknown	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
	3238	13	31.56%	68.41%	0.03%	24.49%	2.04%	9.79%	59.85%	3.83%	84.25%	14.27%
n=		1022	2215	1	793	66	317	1938	124	2728	462	48

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
3498	14.27%	12.61%	11.92%	11.12%	8.06%	38.45%
n=	499	441	417	389	282	1345

Note: The above table reflects diagnoses entered into the PEI OMA from July 1, 2011 through October 27, 2015.

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)	58.39%	33.02%	12.08%
	n= 1576	698	326
	Ackn= 2699	2114	2699
Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R)	5.03%	3.01%	0.81%
	n= 131	62	21
	Ackn= 2605	2057	2605
Youth Outcome Questionnaire - 2.01 (Parent)	48.15%	24.38%	10.37%
	n= 1560	607	336
	Ackn= 3240	2490	3240
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)	79.58%	40.03%	17.99%
	n= 2061	785	466
	Ackn= 2590	1961	2590
Outcome Questionnaire - 45.2	58.82%	18.18%	5.88%
	n= 10	2	1
	Ackn= 17	11	17

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.

Eyberg Child Behavior Inventory (ECBI)	Total Pre 1122	Parent/care provider unavailable	Administration date exceeds acceptable range	Outcome measure unavailable	Clinician not trained in outcome measure	Parent/care provider refused	Other Reasons
	percent	47.24%	17.38%	8.38%	7.84%	6.86%	12.30%
	n	530	195	94	88	77	138
	Total Post 1416	Parent/care provider unavailable	Premature termination	Parent/care provider refused	Lost contact with parent/care provider	Invalid outcome measure	Other Reasons
	percent	44.49%	19.49%	7.06%	6.99%	6.14%	15.82%
	n	630	276	100	99	87	224

Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R)	Total Pre 2473	Teacher unavailable	Not required (SESBI only)	Administration date exceeds acceptable range	Outcome measure unavailable	Invalid outcome measure	Other Reasons
	percent	45.13%	40.27%	5.46%	3.36%	1.98%	3.80%
	n	1116	996	135	83	49	94
	Total Post 1995	Teacher unavailable	Not required (SESBI only)	Premature termination	Administration date exceeds acceptable range	Invalid outcome measure	Other Reasons
	percent	46.17%	38.10%	7.67%	2.81%	1.80%	3.46%
	n	921	760	153	56	36	69

Table 5c. Top Reasons Given for "Unable to Collect"							
<b>Youth Outcome Questionnaire - 2.01 (Parent)</b>	Total Pre 1679	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	69.45%	12.92%	6.61%	2.50%	2.38%	6.13%
	n	1166	217	111	42	40	103
	Total Post 1883	Parent/care provider unavailable	Premature termination	Lost contact with parent/care provider	Parent/care provider refused	Administration date exceeds acceptable range	Other Reasons
	percent	63.78%	16.30%	5.63%	5.52%	3.56%	5.20%
	n	1201	307	106	104	67	98

Table 5d. Top Reasons Given for "Unable to Collect"							
<b>Youth Outcome Questionnaire Self Report - 2.0 (YOQ-SR)</b>	Total Pre 529	Administration date exceeds acceptable range	Client refused	Client unavailable	Outcome measure unavailable	Therapist did not administer tool	Other Reasons
	percent	23.82%	23.82%	20.42%	13.99%	4.35%	13.61%
	n	126	126	108	74	23	72
	Total Post 1176	Client unavailable	Premature termination	Client refused	Lost contact with client	Administration date exceeds acceptable range	Other Reasons
	percent	39.97%	33.25%	8.42%	6.29%	5.36%	6.72%
	n	470	391	99	74	63	79

Table 6. Service Delivery Data – Clients Who Completed ART						
Total Treatment Cycles 1217	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
	26	Min 0	Max 219	35	Min 1	Max 558

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	11.47%	33.82%	52.19%	13.99%
	n	343	116	179	48
	Problem - Raw Score				
Percent	20.33%	30.61%	56.27%	13.12%	
n	343	105	193	45	
<b>Sutter-Eyberg Student Behavior Inventory - Revised (SESBI-R)</b>	Intensity – Raw Score				
	Percent	6.75%	28.57%	33.33%	38.10%
	n	21	6	7	8
	Problem- Raw Score				
Percent	15.81%	42.86%	23.81%	33.33%	
n	21	9	5	7	
<b>Youth Outcome Questionnaire - 2.01 (Parent)</b>	TOTAL				
	Percent	25.70%	47.34%	40.90%	11.76%
n	357	169	146	42	
<b>Youth Outcome Questionnaire Self Report – 2.0 (YOQ-SR)</b>	TOTAL				
	Percent	13.30%	31.78%	52.54%	15.68%
n	472	150	248	74	

\*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.

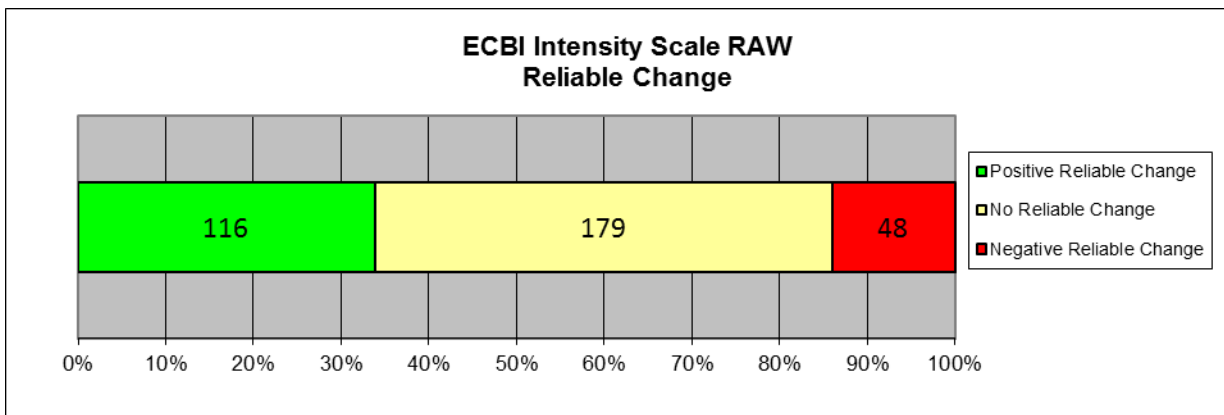
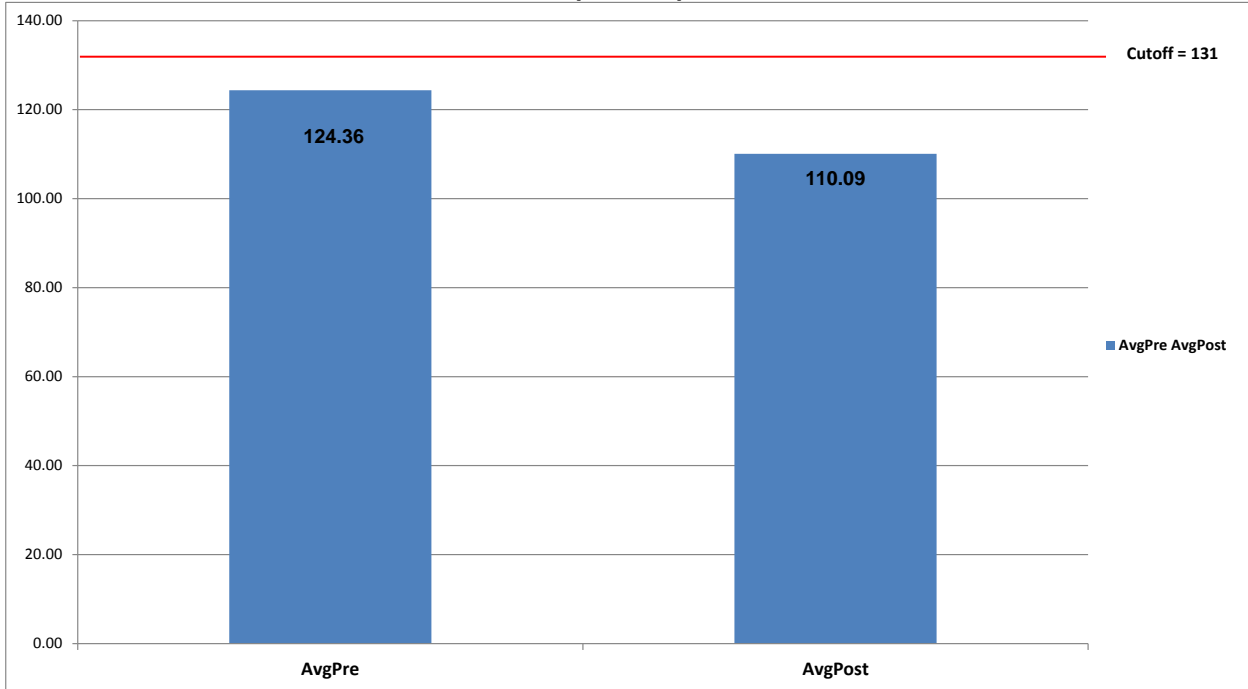
Note 2 Possible YOQ-Parent Total Scores can range from -16 -240, with a clinical cutpoint of 46

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.

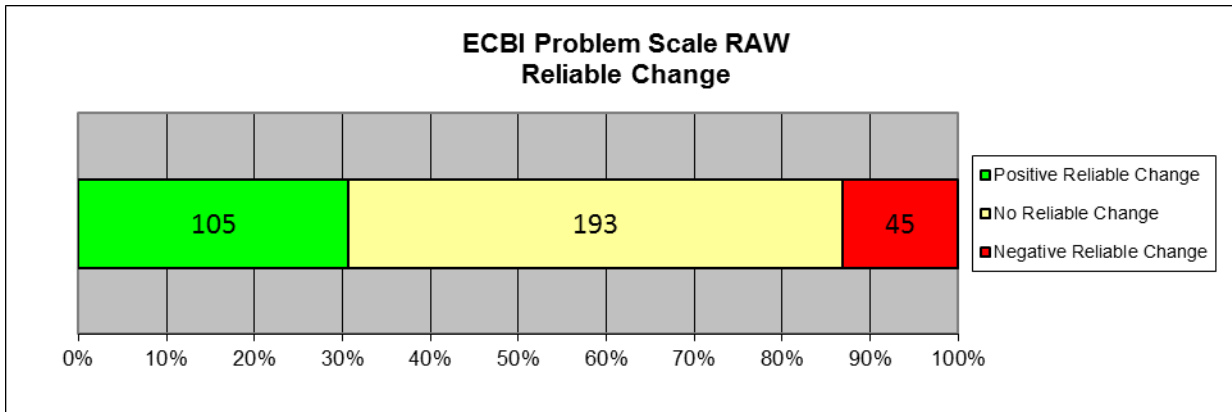
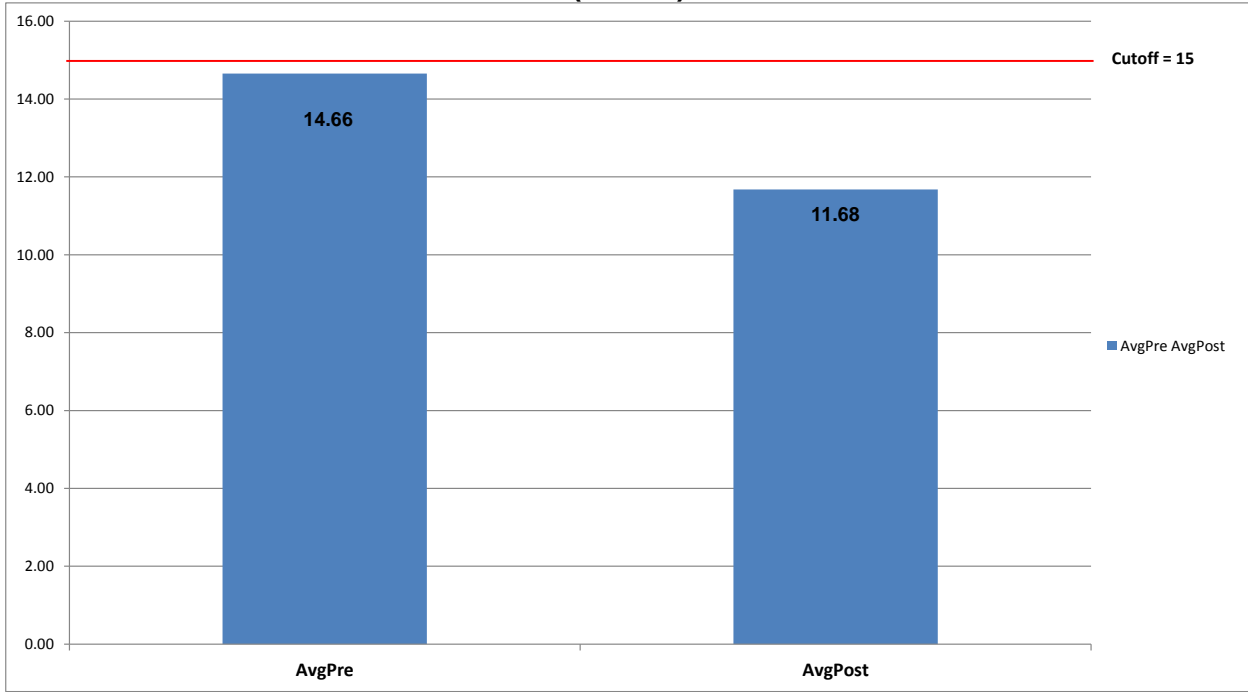
Note 5: Positive Change indicates that the scores decreased from the pre to the post measures.

**Eyberg Child Behavior Inventory (ECBI)  
Intensity - Raw Score  
(N=343)**

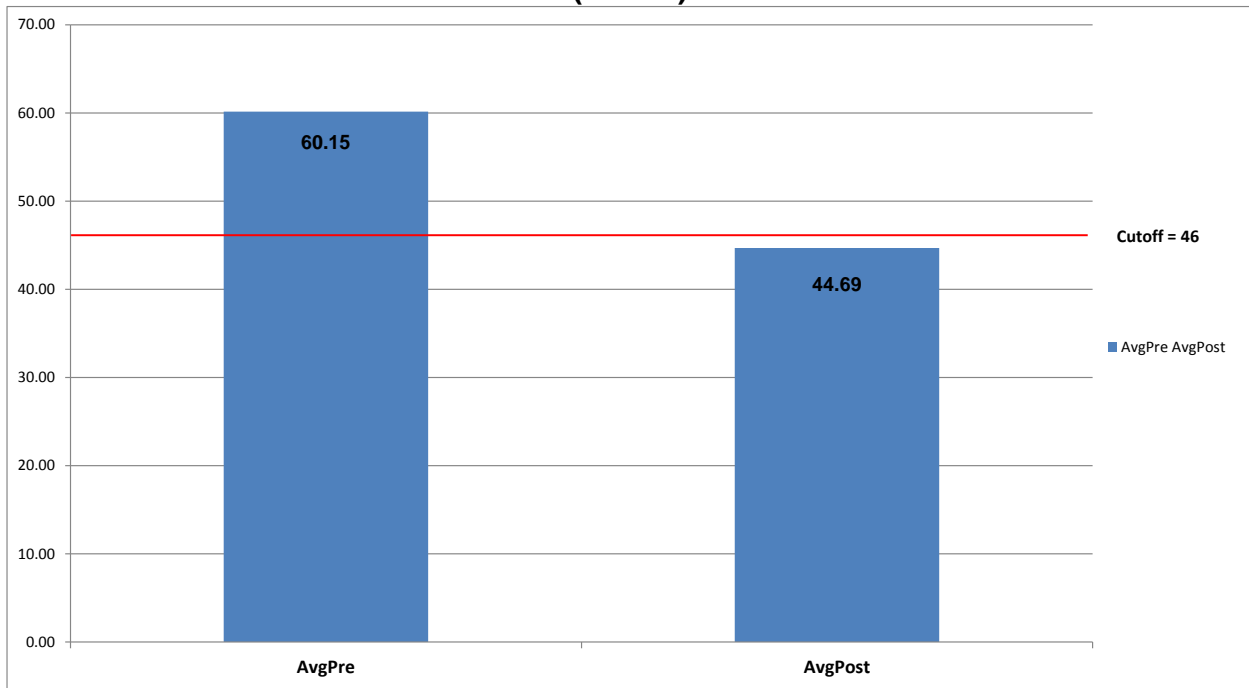




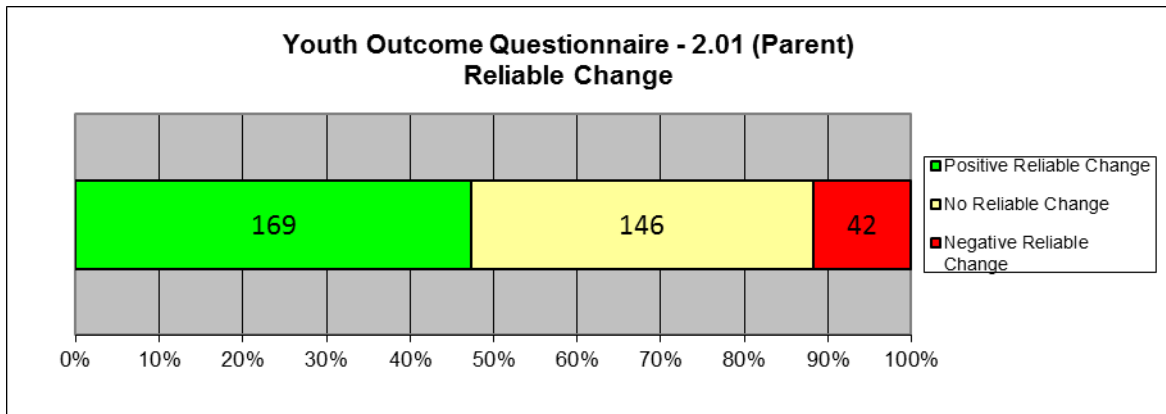
**Eyberg Child Behavior Inventory (ECBI)  
Problem - Raw Score  
(N=343)**



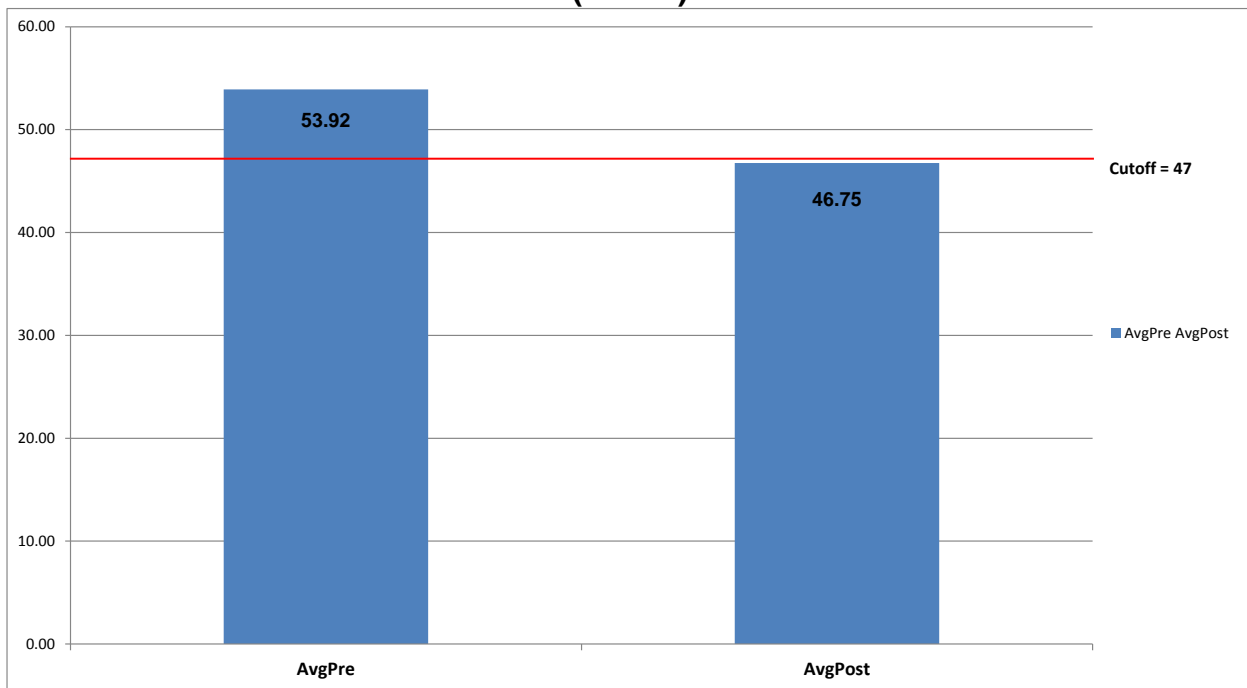
**Youth Outcome Questionnaire - 2.01 (Parent)**  
**(N=357)**



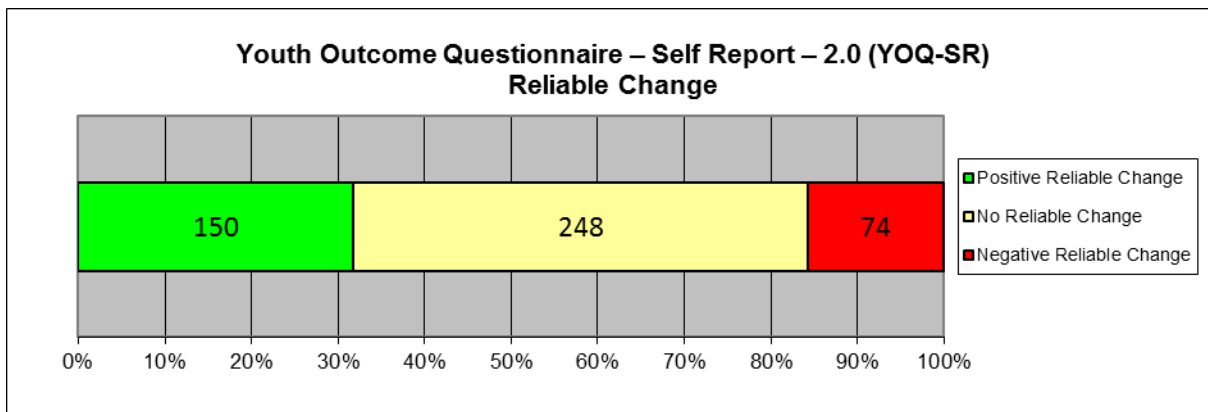
**Youth Outcome Questionnaire - 2.01 (Parent)**  
**Reliable Change**



### Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR) (N=472)



### 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.