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

WELLNESS • RECOVERY • RESILIENCE

Prevention & Early Intervention: Child Parent Psychotherapy (CPP)

Countywide Aggregate Practice Outcomes Dashboard Report

Outcome Data Submission through February 27, 2013

Participating Legal Entities Include:

Child and Family Center	Providence Community Services
Childnet Youth and Family Services	San Fernando Valley Child Guidance
Children's Hospital of Los Angeles	San Fernando Valley Community MHC
Children's Institute Inc.	Shields For Families
Counseling and Research Associates, dba Masada Homes	Spirit Family Services
Didi Hirsch	St Johns Child and Family Development Center
Families First Inc.	Star View Community Services
Foothill Family Services	The Guidance Center
Hamburger Home, dba Aviva Center	The Help Group
Hathaway Sycamores Child & Family Services	The Regents of University of CA
Hillsides	VIP Community Mental Health Center
Los Angeles Child Guidance	Vista Del Mar Child & Family Services
Pacific Asian Counseling Services	**LA County Dept of Mental Health:**
Pacific Clinics	Roybal Family MHS

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

Cedar House, Inc.
LA County Dept of Mental Health:
South Bay Ties For Families

Table 1. CPP Status Since Inception to February 27, 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
2301	33.03%	766	0.66%	15.40%	17.49%
n=	760	n=	5	118	134

Note 1: Clients Claimed was based on CPP being selected as the EBP in a PEI Plan and having $\geq$ 1 core services claimed to the practice starting July 1, 2011.
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 CPP											
	Age	Gender		Ethnicity					Primary Language		
Total Number of Clients	Average	Female	Male	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other
760	4	49.47%	50.53%	16.97%	0.79%	8.82%	67.11%	6.32%	65.00%	34.08%	0.92%
n=		376	384	129	6	67	510	48	494	259	7

Note1: Age is calculated at the date of the first EBP.
Note2: Percentages may not total 100 due to missing data and/or rounding.

Table 3: Top 5 Most Frequently Reported DSM-IV Primary Axis Diagnosis - Clients Who Entered CPP						
Total Treatment Cycles	Disruptive Behavior Disorder NOS	Disorder of Infancy, Childhood, or Adolescence NOS	Post-Traumatic Stress Disorder	Anxiety Disorder NOS	Adjustment Disorder W/Mixed Disturbance Emotion and Conduct	Other
766	17.75%	15.93%	14.62%	10.57%	7.05%	34.07%
n=	136	122	112	81	54	261

Note: As reported in PEI OMA beginning of treatment information.

Table 4: Program Process Data - Clients Who Entered CPP			
Outcome Measures Administered	Pre-Test with Scores	Post-test with Scores	Clients Who Completed both a Pre and Post Measure with Scores
Trauma Symptom Checklist for Young Children (TSCYC)	58.73%	49.02%	8.21%
n=	286	75	40
Ackn=	487	153	487
Youth Outcome Questionnaire - 2.01 (Parent)	67.53%	48.45%	9.48%
n=	235	47	33
Ackn=	348	97	348

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"								
Trauma Symptom Checklist for Young Children (TSCYC)	Total Pre		Outcome measure unavailable	Administration date exceeds acceptable range	Clinician not trained in outcome measure	Not available in primary language	Invalid outcome measure	Other Reasons
	201	percent	27.36%	25.37%	15.92%	7.96%	6.97%	16.42%
		n	55	51	32	16	14	33
	Total Post		Premature termination	Parent/care provider unavailable	Lost contact with parent/care provider	Outcome measure unavailable	Not available in primary language	Other Reasons
	78	percent	34.62%	20.51%	11.54%	11.54%	6.41%	15.38%
		n	27	16	9	9	5	12

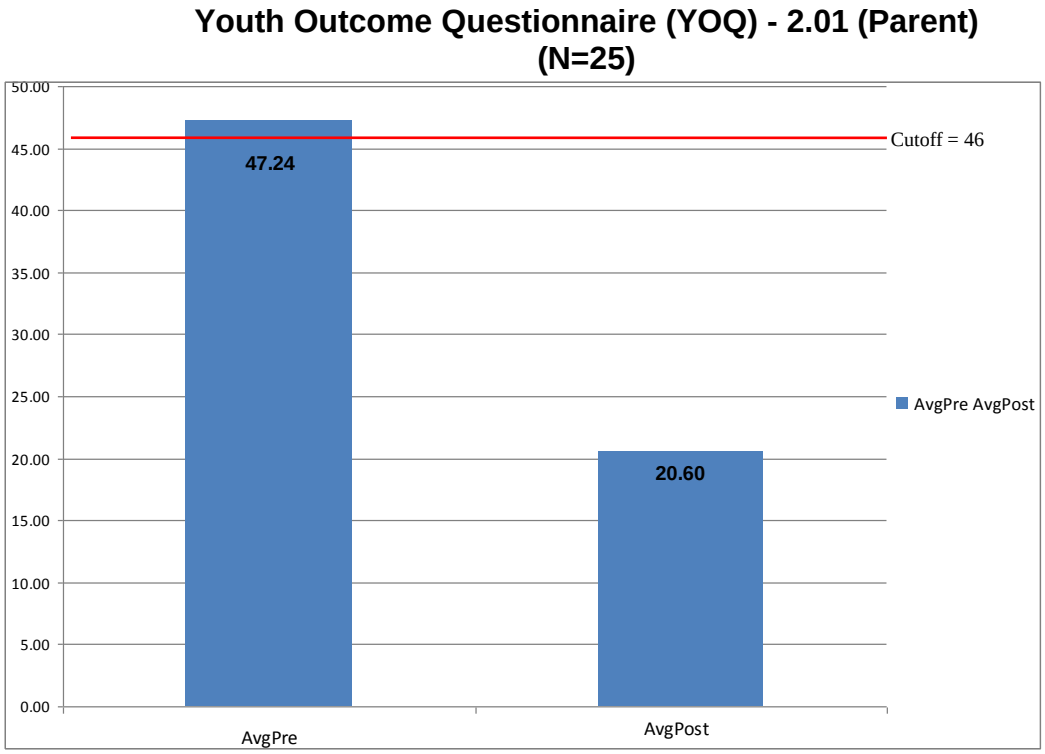
Table 5b. Top Reasons Given for "Unable to Collect"								
Youth Outcome Questionnaire - 2.01 (Parent)	Total Pre 113		Administration date exceeds acceptable range	Outcome measure unavailable	Parent/care provider unavailable	Premature termination	Not available in primary language	Other Reasons
		percent	43.36%	19.47%	7.08%	6.19%	5.31%	18.58%
		n	49	22	8	7	6	21
	Total Post 50		Premature termination	Parent/care provider unavailable	Lost contact with parent/care provider	Invalid outcome measure	Parent/care provider refused	Other Reasons
		percent	42.00%	22.00%	10.00%	8.00%	6.00%	12.00%
		n	21	11	5	4	3	6

Table 6. Service Delivery Data – Clients Who Completed CPP						
Total Treatment Cycles	Average Length of Treatment in Weeks	Range of Treatment Weeks		Average Number of Sessions	Range of Sessions	
118	35	Min 0	Max 89	29	Min 1	Max 75

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

Table 7a. Outcome Data± – Clients who Completed CPP					
		Percent Improvement from Pre to Post	Percent of Clients Showing Reliable Change* from Pre-CPP to Post-CPP		
			Positive Change	No Change	Negative Change
Youth Outcome Questionnaire (YOQ) - 2.01 (Parent)	TOTAL	56.39% (n=25)	64.00%	28.00%	8.00%
			16	7	2

±Please see Appendix A. for a description of the CPP outcome measures and the outcome indicators (percent improvement in average scores; and, percent of clients showing reliable change).
Note 2 Possible YOQ-Parent Total Scores can range from -16 -240, with a clinical cutpoint of 46
Note 3: Aggregate outcome data based on fewer than 20 clients are not reported.
Note 4: Positive Change indicates that the scores decreased from the pre to the post measure.



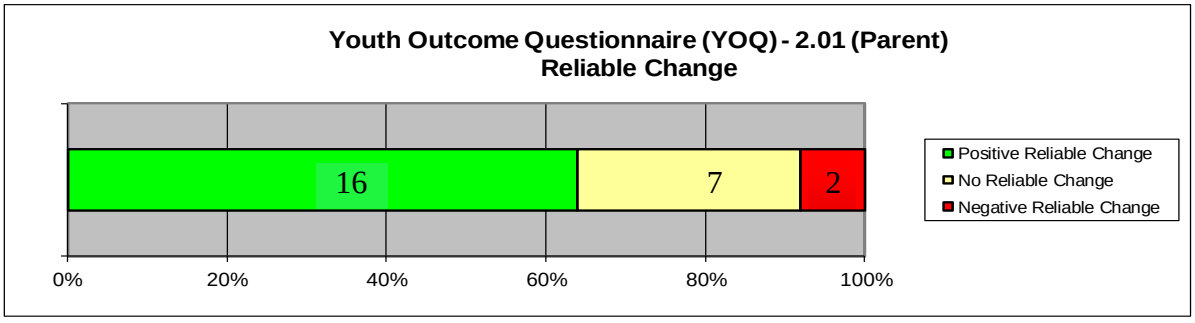
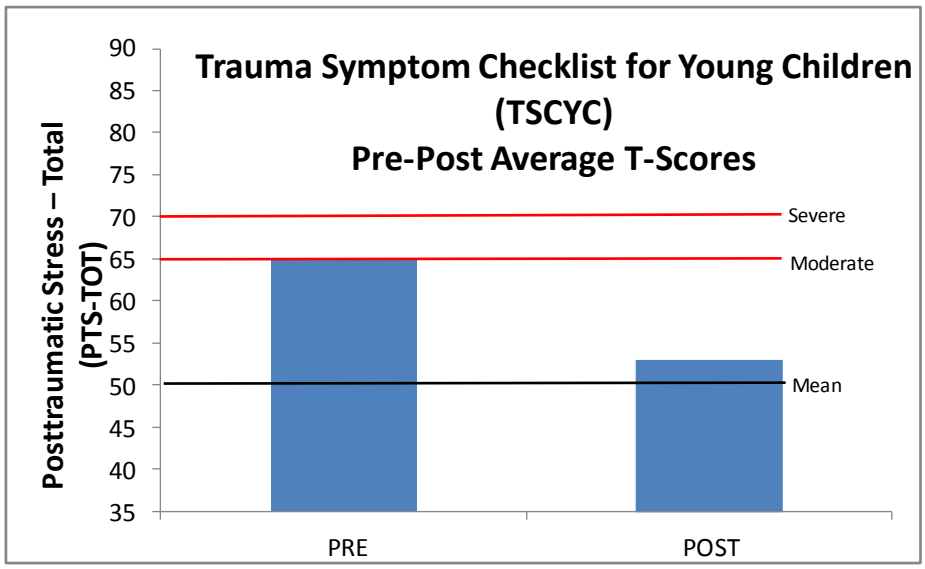


Table 7b. Outcome Data – Clients who Completed CPP			
Trauma Symptom Check List for Young Children (TSCYC) Posttraumatic Stress – Total Scale (PTS-TOT)			
Profile	**Percent Change Raw Scores**	**T-Score Average Pre**	**T-Score Average Post**
All Clients Ages 4-7	**16.92% (n=31)**	65	53



Appendix

Trauma Symptom Checklist for Young Children (TSCYC) The Trauma Symptom Checklist for Young Children is a 90-item parent/caregiver report measure that assesses trauma-related symptoms in children from the ages of 3 through 12. For the Los Angeles County PEI Plan, the TSCYC is utilized for the age range of 3 through 6. The TSCYC is the first fully standardized and normed measure of trauma-related symptoms for young children. The TSCYC contains 2 validity scales, 8 clinical scales, and a summary scale (comprising 3 of the clinical scales). Each trauma symptom is rated on a 4 point scale. Each TSCYC clinical scale score can range from 9 to 36. The summary scale (PTS-TOT) score can range from 27 to 108. The clinical cut points can be obtained in the TSCYC manual and can vary depending on the age and gender of the child.

Youth Outcomes Questionnaires (YOQ)
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. Scores on the measure can range from -16 to 240. Scores of 46 or higher are most similar to a clinical population on the YOQ.

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 7a. 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.