### 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 February 12, 2013

### **Participating Legal Entities Include:**

Child and Family Guidance Center	Pacific Clinics
Counseling and Research Associates dba	
Masada Homes	Penny Lane
Ettie Lee Homes	San Gabriel Children's Center
Five Acres	Special Service for Groups
Hillsides Family Center	Star View Adolescent Center
LeRoy Haynes Center	Sunbridge Harbor View Rehabilitation
Optimist Youth Homes	Tobin World
Pacific Lodge Youth Services	

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

Phoenix House of L.A.
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Table 1. ART	Table 1. ART Status Since Inception to February 12, 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				
2884	49.45%	1478	3.65%	20.03%	27.13%				
n=	1426	n=	52	296	401				

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.

Table 2. Cl	ient De	emograph	ics - Client	ts Who E	ntered AR	T							
	Age Gender						Ethnicity	,		Prim	Primary Language		
Total Number of Clients	Average	Female	Male	Unknown	African-American	Asian / Pacific Islander	Caucasian	Hispanic / Latino	Other	English	Spanish	Other	
1426	15	26.65%	73.35%	0.00%	26.44%	2.03%	9.68%	58.13%	3.72%	83.45%	14.87%	1.68%	
	n=	380	1046	0	377	29	138	829	53	1190	212	24	

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

Note2: Percentages may not total 100 due to missing data.

Table 3: Top	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				
1478	15.63%	13.46%	11.98%	11.64%	9.27%	38.02%				
n=	231	199	177	172	137	562				

Table 4: Program Pr	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)	52.26%	26.51%	7.99%							
n=	543	127	83							
Ackn=	1039	479	1039							
Sutter Eyberg Student Behavior Inventory-Revised (SESBI-R)	10.46%	5.23%	1.54%							
n=	95	22	14							
Ackn=	908	421	908							
Youth Outcome Questionnaire (YOQ) - 2.01 (Parent)	52.66%	25.33%	7.70%							
n=	643	133	94							
Ackn=	1221	525	1221							
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ-SR)	81.17%	44.44%	15.68%							
n=	901	224	174							
Ackn=	1110	504	1110							

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	Table 5a. Top Reasons Given for "Unable to Collect"									
ntory (ECBI)	Total Pre	unavanable		Administration date exceeds acceptable range	late exceeds trained in acceptable outcome unavailable		Invalid outcome measure	Other Reasons		
l ve	496	percent	38.10%	21.57%	14.92%	10.48%	5.04%	9.88%		
jo –		n	189	107	74	52	25	49		
Eyberg Child Behavior Inventory (ECBI)	Total Post		Premature termination	Parent/care provider unavailable	Administration date exceeds acceptable range	Invalid outcome measure	Clinician not trained in outcome measure	Other Reasons		
berg	352	percent	30.11%	29.55%	10.23%	7.95%	7.67%	14.49%		
Eyl		n	106	104	36	28	27	51		

Table 5b.	Top Rea	sons Given	for "Unable t	to Collect"				
Behavior ESBI-R)	<b>D</b>		Teacher unavailable			Clinician not trained in outcome measure	Other Reasons	
ant I	813	percent	48.95%	30.87%	8.61%	6.15%	2.09%	3.32%
Student evised (S		n	398	251	70	50	17	27
Sutter Eyberg Student Behavi Inventory-Revised (SESBI-R)	Total Post		Not required (SESBI only)	Teacher unavailable	Premature termination	Administration date exceeds acceptable range	Outcome measure unavailable	Other Reasons
Su	399	percent	49.12%	25.31%	15.79%	5.01%	1.50%	3.26%
		n	196	101	63	20	6	13

Table 5	able 5c. Top Reasons Given for "Unable to Collect"									
Questionnaire (YOQ) - I (Parent)	Total Pre		Parent/care provider unavailable	Administration date exceeds acceptable range	Clinician not trained in outcome measure	Outcome measure unavailable	Parent/care provider refused	Other Reasons		
onn nt)	579	percent	60.10%	19.17%	4.84%	4.84%	4.66%	6.39%		
uestion (Parent)		n	348	111	28	28	27	37		
Outcome 2.01	Total Post	ullavallable		Premature termination	Lost contact with parent/care provider	Administration date exceeds acceptable range	Parent/care provider refused	Other Reasons		
Youth	392	percent	42.60%	35.71%	7.65%	6.89%	3.32%	3.83%		
Υo		n	167	140	30	27	13	15		

Table 5	Table 5d. Top Reasons Given for "Unable to Collect"								
Questionnaire 2.0 (YOQ-SR)	Total Pre		Administration date exceeds acceptable range	Client refused	Outcome measure unavailable	Client unavailable	Clinician not trained in outcome measure	Other Reasons	
Ques .0 (Y	209	percent	35.89%	21.05%	15.31%	8.13%	6.70%	12.92%	
		n	75	44	32	17	14	27	
Youth Outcome Self Report - 2	Total Post		Premature termination	Client unavailable	Lost contact with client	Administration date exceeds acceptable range	Client refused	Other Reasons	
_	280	percent	50.36%	15.71%	13.93%	8.57%	5.71%	5.71%	
		n	141	44	39	24	16	16	

Table 6. Service Delivery Data – Clients Who Completed ART								
Clients Completing Treatment	Average Length of Treatment in Weeks	`	ge of nt Weeks	Average Number of Sessions	Range of	Sessions		
296	24	Min	Max	34	Min	Max		
	24	4	84	7	1	237		

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

Table 7. Client Outcon	ne Data <sup>±</sup> – C	lients who Compl	eted ART				
		Percent Improvement	Change from Pro-ART to Post-AR				
		from Pre to Post	Positive Change	No Change	Negative Change		
Eyberg Child Behavior Inventory (ECBI)	Intensity Raw Score	9.91% (n=52)	30.77% (n=16)	51.92% (n=27)	17.31% (n=9)		
	Problem Raw Score	6.26% (n=52)	21.15% (n=11)	59.62% (n=31)	19.23% (n=10)		
Sutter-Eyberg Student Behavior	Intensity Raw Score	Not Enough Data	0.00% NA	0.00% NA	0.00% NA		
Inventory - Revised (SESBI-R)	Problem Raw Score	Not Enough Data	0.00% NA	0.00% NA	0.00% NA		
Youth Outcome Questionnaire (YOQ) – 2.01 (Parent)	Total	22.06% (n=75)	41.33% (n=31)	48.00% (n=36)	10.67% (n=8)		
Youth Outcome Questionnaire – Self Report – 2.0 (YOQ- SR)	Total	10.82% (n=136)	30.88% (n=42)	50.74% (n=69)	18.38% (n=25)		

<sup>&</sup>lt;sup>±</sup>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.

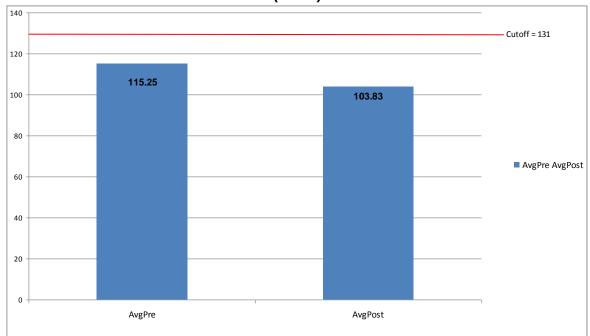
Note 2 Possible YOQ-Parent Total Scores can range from -16 -240, with a clinical cutpoint of 46

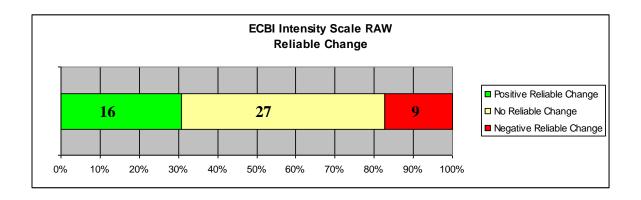
Note 3: Possible YOQ-SR Total Scores can range from -16-240, with a clinical cutpoint of 47.

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

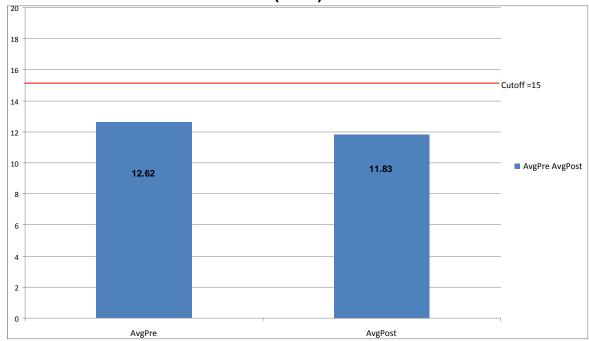
Note 5: Positive Change indicates that the scores decreased from the pre to the post measures.

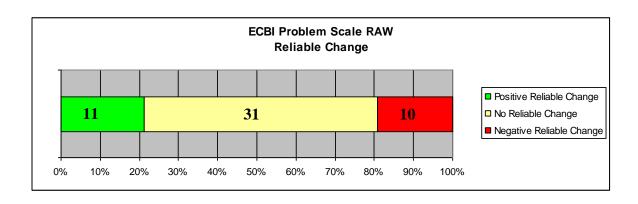
### Eyberg Child Behavior Inventory (ECBI) Intensity - Raw Score (N=52)



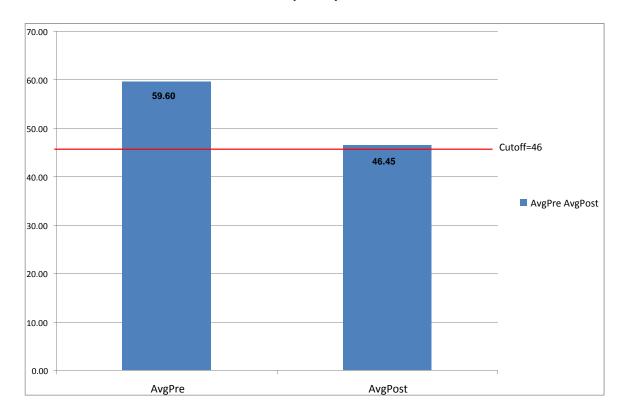


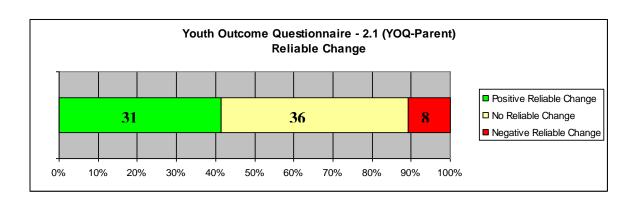
# Eyberg Child Behavior Inventory (ECBI) Problem - Raw Score (N=52)

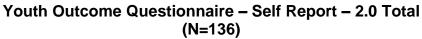


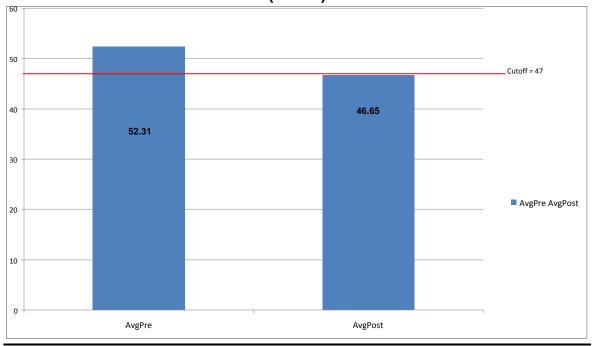


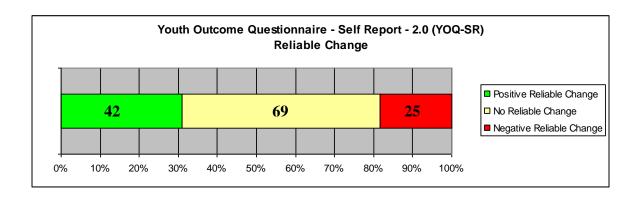
### Youth Outcome Questionnaire - 2.01 (Parent) Total (N=75)











### **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 form 0-36 with a clinical cut point of 15.

<u>Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R)</u> 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 form 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 <u>decreased</u> 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.