

# A Closer Look

December 2014

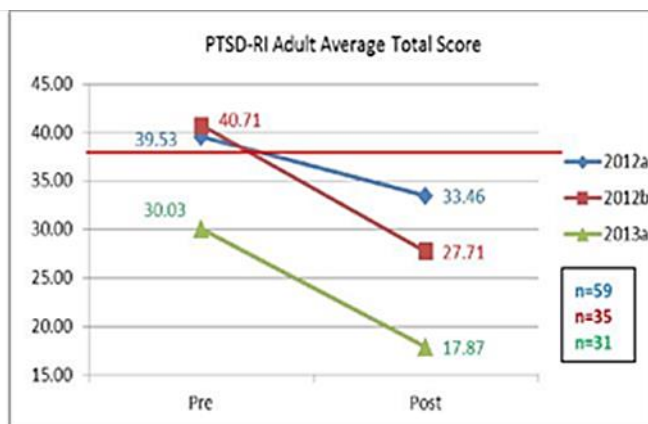
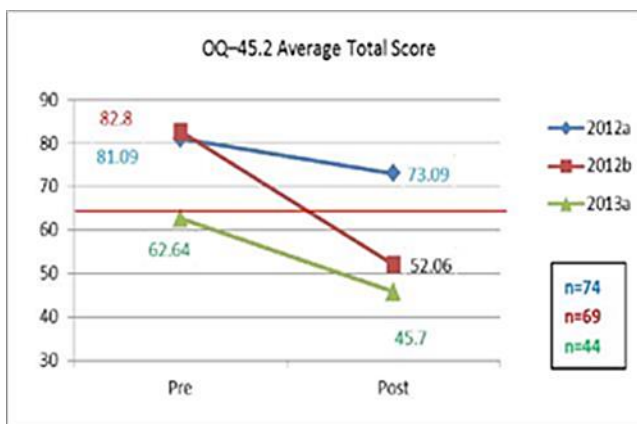
Welcome to “A Closer Look.” Here, everyone can join the Mental Health Services Act (MHSA) Implementation and Outcomes Division in the fascinating journey of taking a closer look at the outcome data generated by Prevention & Early Intervention (PEI) services. We are proud to release this inaugural issue of this publication that will showcase the various PEI Evidence-Based Practices (EBP) that are being implemented countywide. We hope that the quarterly release of this publication will stir the readers’ curiosity and ability to analyze their own outcome data.

**Seeking Safety** is a present focused therapy to help people attain safety from trauma or Posttraumatic Stress Disorder (PTSD) and substance abuse. It consists of 25 topics that focus on the development of safe coping skills while utilizing a self-empowerment approach. The treatment was designed for flexible use; conducted in group or individual format, in a variety of settings, and for culturally diverse populations. Frequency of sessions: Once a week; Session length: 50-90 minutes; Average treatment length: 5-6 months. This PEI Evidence-Based Practice (EBP) incorporates general and specific outcome measures which include the following:

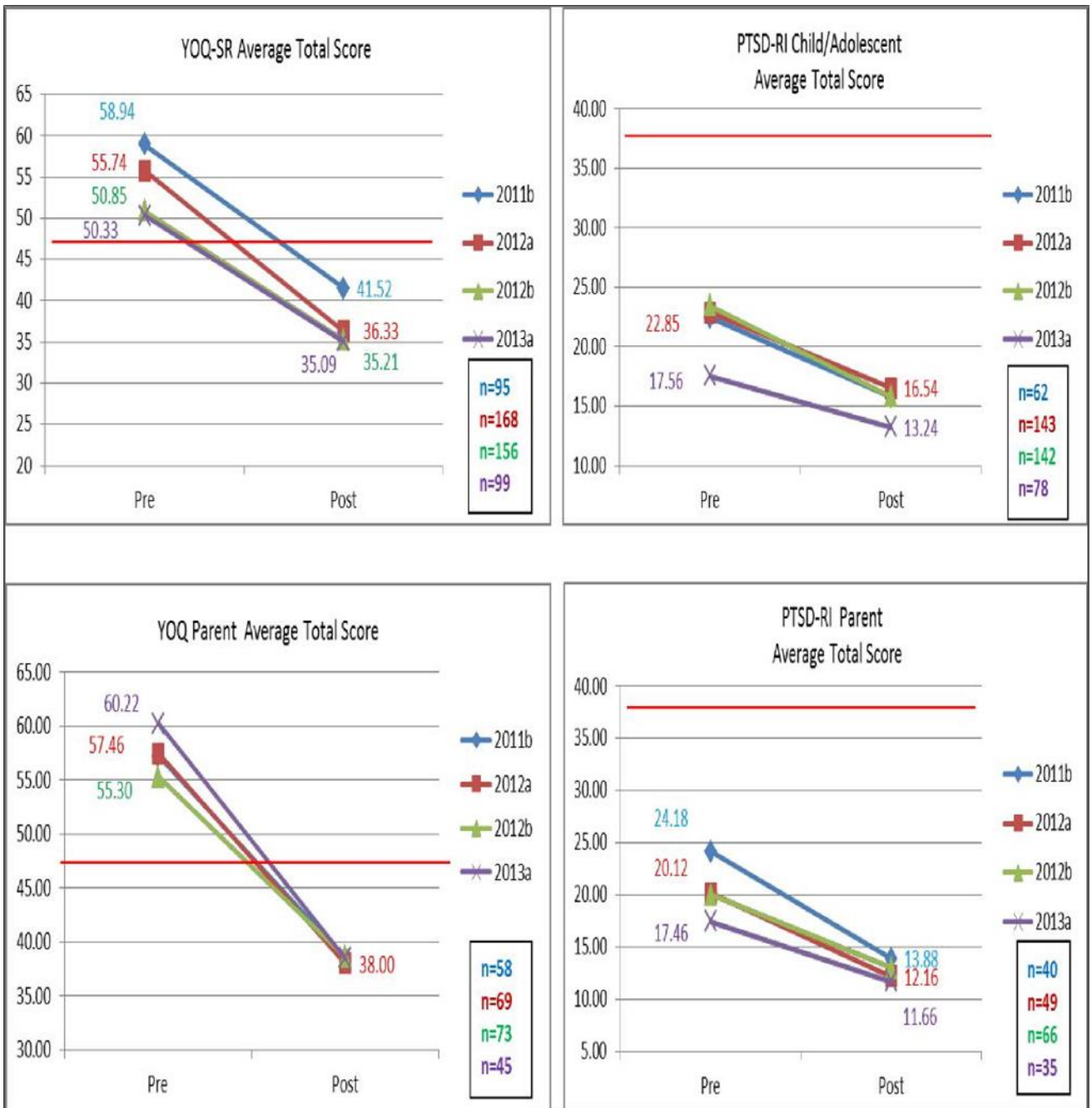
GENERAL OUTCOME MEASURE		SPECIFIC OUTCOME MEASURE	Age
Youth Outcome Questionnaire - 2.01 (Parent) Youth Outcome Questionnaire - Self-Report - 2.0 Outcome Questionnaire - 45.2	4 - 17 12 - 18 19+	UCLA PTSD-Reaction Index for Children and Adolescents (UCLA PTSD-RI) - Parent UCLA PTSD-Reaction Index for Children and Adolescents (UCLA PTSD-RI) - Child/Adolescents UCLA PTSD-Reaction Index (UCLA PTSD-RI) - Adult Short Form	3 - 18 6 - 20 21+

The OQ series which includes the YOQ/YOQ-SR/OQ measures an individual’s mental health functioning in the past seven days. The UCLA PTSD-RI assesses the frequency of trauma exposure and PTSD symptoms an individual may be experiencing. The clinical cut-off point for the YOQ is 46; 47 for the YOQ-SR; 64 for the OQ, and 38 for all versions of the UCLA PTSD-RI. The following information provides a closer look at the data that has been collected for this practice since July 1, 2011.

## Pre-Post Scores at 6 Month Intervals



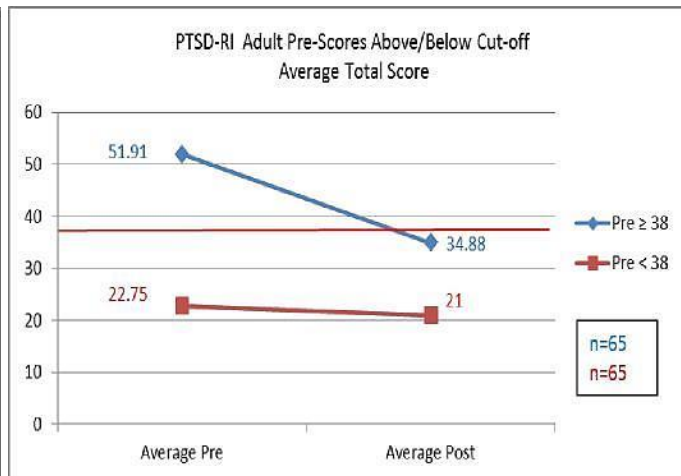
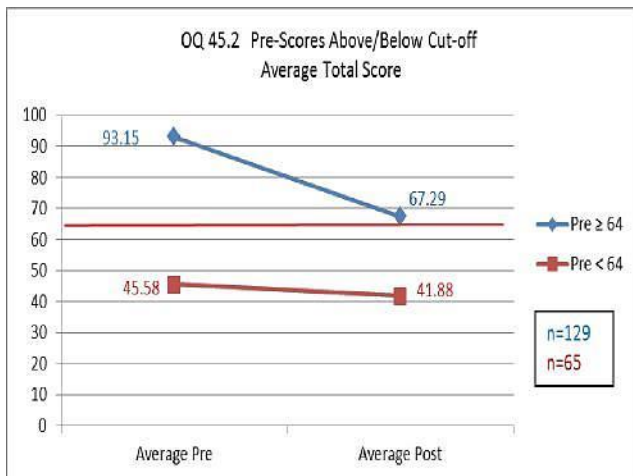
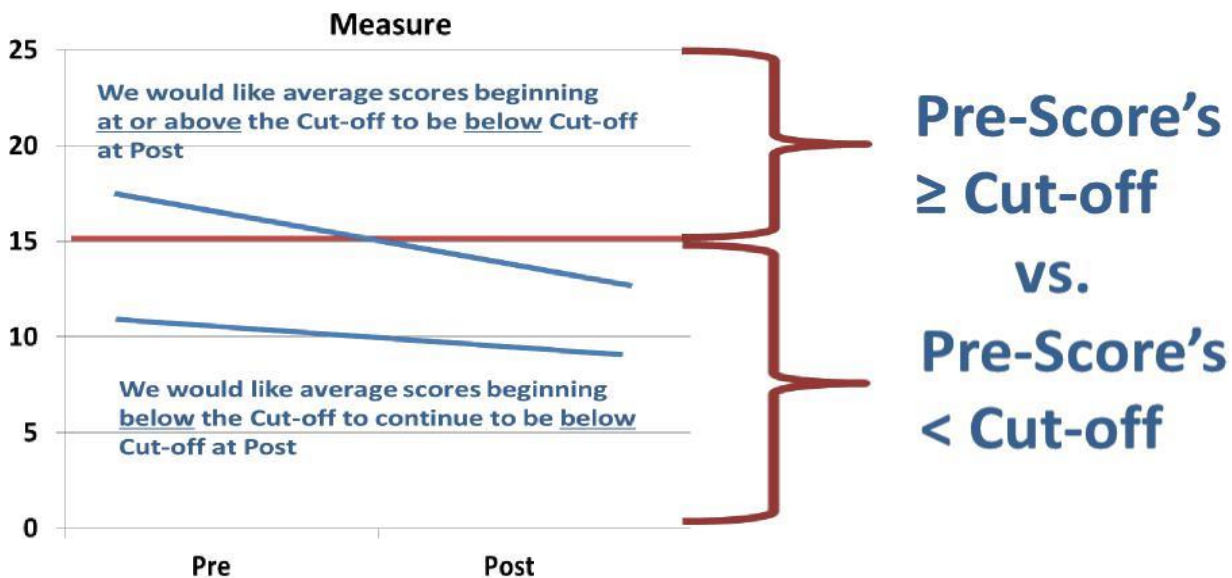
The above graphs illustrate Pre-Post scores at 6 month intervals starting in 2012 for two measures (OQ and PTSD-RI Adult). Implementation challenges have been discussed over time in the Seeking Safety learning network. One of the challenges faced by providers included being unclear initially of the PEI target population. In these series of graphs, we examined Pre-Post measures at 6 month intervals for six outcomes typically utilized in Seeking Safety. The data shows that the severity of client symptoms recorded at Pre seemed to become less severe over time. This suggests that the clients served in Seeking Safety became more reflective of the PEI target population since inception of data collection in July 2011 as providers gained clarity of PEI clients.



The above graphs illustrate average Pre-Post scores at 6 month intervals starting in 2011 for both the YOQ/YOQ-SR and the PTSD-RI Child/Adolescent and Parent version. Both graphs indicate that Pre-Scores (on average) seem to have lessened over time. As previously stated, this may suggest that providers have honed in on the PEI target population which tend to have less severe symptoms. It is also apparent that, on average, clients in the practice experienced a reduction in symptoms as evidenced by Post-Scores that were visibly lower than Pre-Scores. This evidence suggests that the treatment has been effective in reducing associated symptomatology. What was interesting was that the PTSD-RI Pre-Scores, at every interval, were below the clinical threshold. Based on the diagnoses at the beginning of treatment, not everyone that entered this treatment had a diagnosis of PTSD, which could explain the Lower scores on the PTSD-RI which specifically measures symptoms of PTSD. It was hypothesized that the scores on the general outcome measures (i.e., YOQ/YOQ-SR) were more severe perhaps because the trauma had impacted other areas of mental health functioning that could not be assessed by the PTSD-RI.

## Two Populations? Different Expectations?

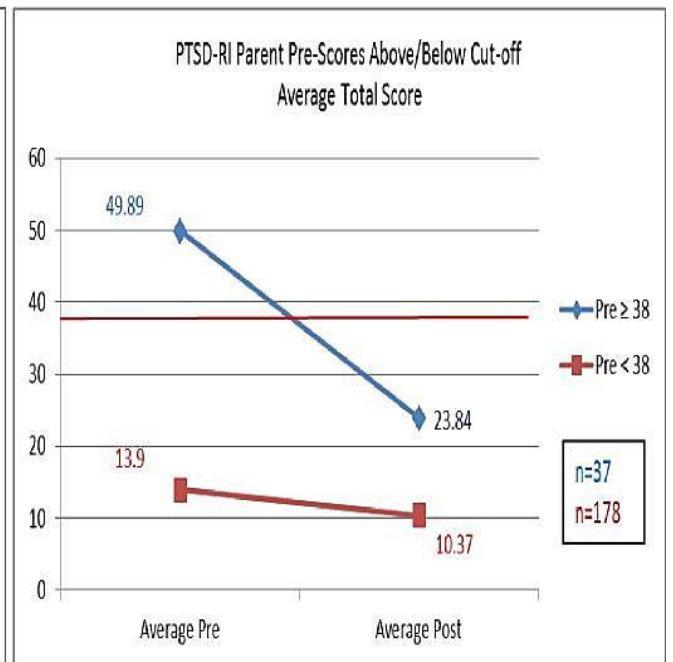
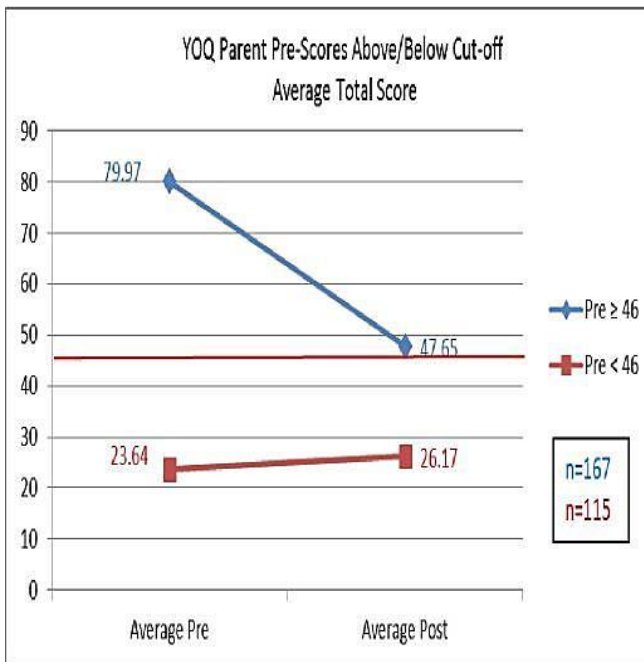
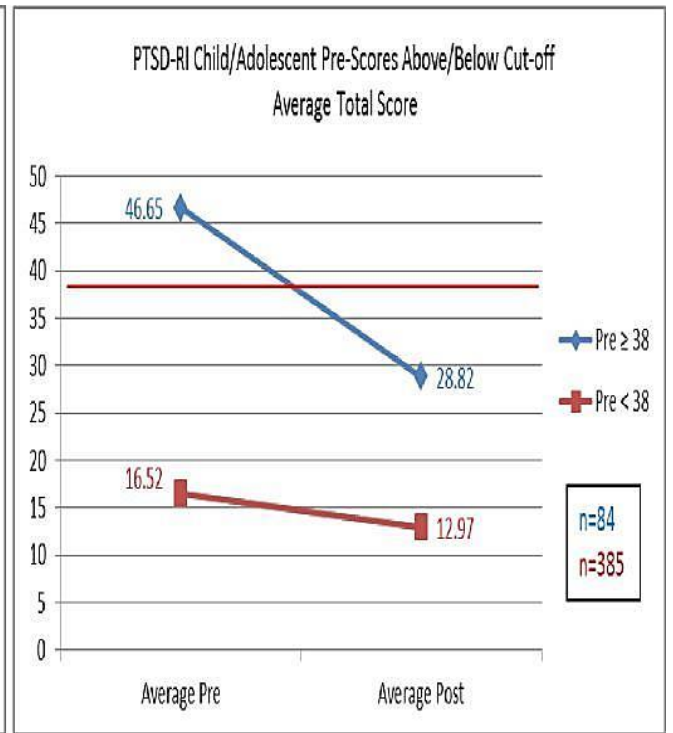
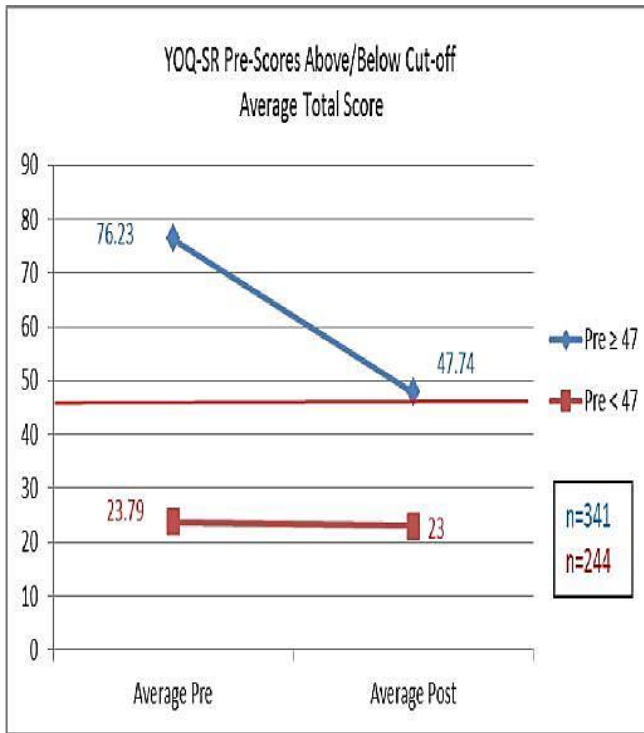
As previously stated, it hasn't been easy for providers to identify PEI clients which could be the reason we see scores above the clinical cut-off point. One respected colleague suggested examining outcomes from a different perspective. One group of clients would be composed of those who began treatment with Pre-Scores above the clinical cut-off. A second group would be composed of clients who began treatment with Pre-Scores below the clinical cut-off. What we would hope to see is that those who began treatment above clinical cut-off would have Post-Scores at or below cutoff at the end of treatment (e.g., they would get better). While those who began treatment with Pre-Scores below cut-off would remain below cut-off at Post at the end of treatment (e.g., they would not get worse and join the clinical population). These next series of graphs show Pre-Post comparisons of Seeking Safety clients who had been split into these two groups.



In the above Left graph, you can see that for the OQ measure, the amount of Pre-Scores above the clinical cut-off point almost doubles the number of Pre-Scores that start below. In the case of the PTSD-RI measure (on the right) you can see that it's almost 50/50. Based on the above graphs, it appears that we had more clients complete the OQ measure than we did the PTSD-RI Adult. The prominent reason for not being able to collect a Pre-Score for the PTSD-RI Adult was reported to be that the measure wasn't available in the clients' primary language. For the PTSD-RI Parent it was that the parent was unavailable, and for the PTSD-RI Child/Adolescent it was that the outcome measure administration date exceeded acceptable range.

The observations made here are to be considered tentative in nature and not conclusive due to the low number of subjects.

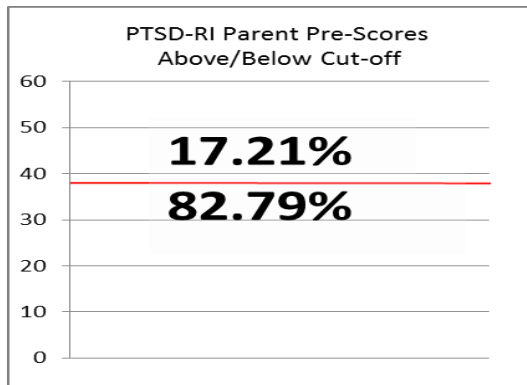
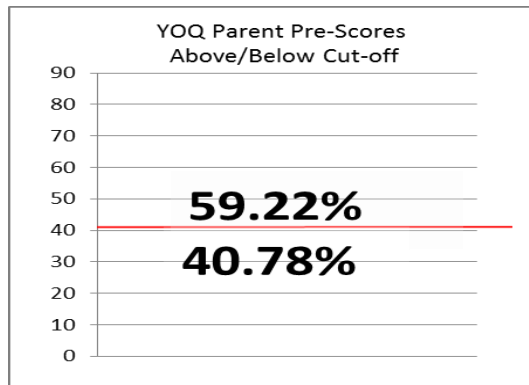
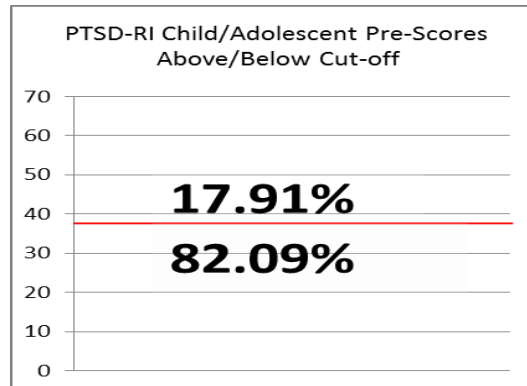
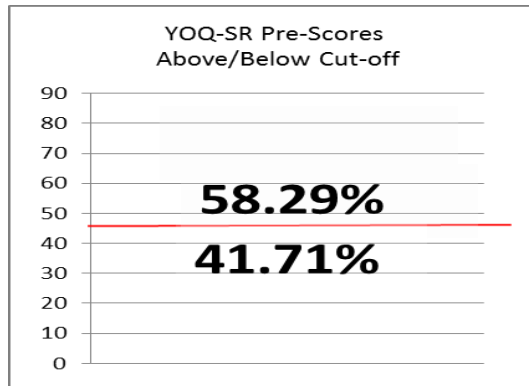
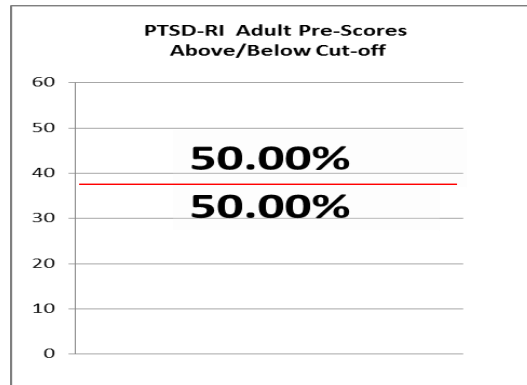
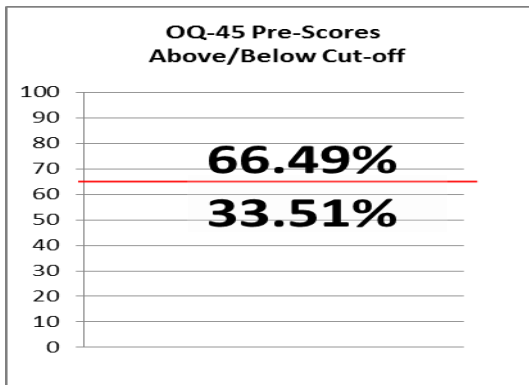
Similar to previous illustrations, the subsequent graphs will show you the Pre-Scores that start above and those that start below the clinical cut-off point for the other outcome measures being used for Seeking Safety.



As you can see above, all the Pre-Scores that started below the clinical cut-off stayed below the clinical cut-off at Post, which is what we want to see. However, not all the Pre-Scores that started above the clinical cut-off point were able to get below the clinical cut-off point at Post, which could be an indication that further services may have been needed. All in all, it appears that clients' scores showed improvement from Pre to Post.

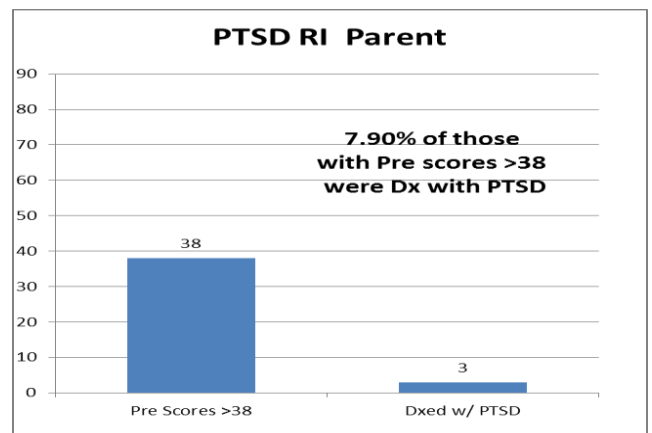
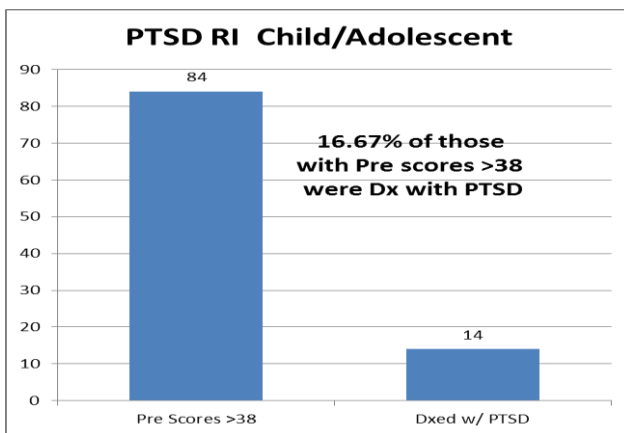
## YOQ vs. PTSD-RI

In creating the two groups of clients who began treatment above and below cut-off, we noticed other interesting trends. The percentage of clients who began treatment above or below the cut-off seemed to vary by outcome measure. As noted below, the YOQ family of measures had a much higher percentage of clients who it characterized as above clinical cut-off at Pre. The following are some of the questions that arose based on the outcomes data collected. Was the YOQ Family of measures a more sensitive instrument than the PTSD-RI? Were there insufficient numbers of trauma victims in the sample as compared to those struggling with other issues? Were clients simply reluctant to discuss trauma details at intake? We hope that providers can ask themselves these same questions and others in an attempt to understand their own data, and ultimately improve the quality of services being delivered.

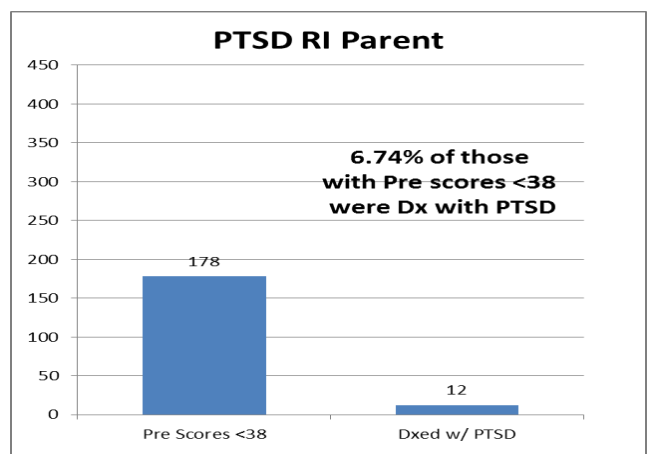
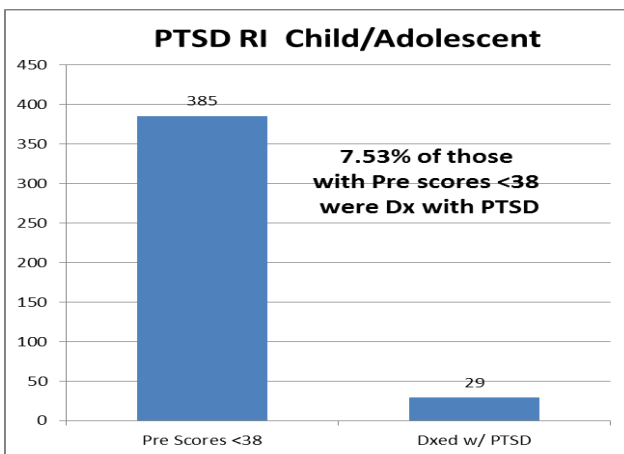


## PTSD-RI

In addition to splitting the PEI target population into two categories (i.e., those above and below cut-off point) we were also curious about the number of clients diagnosed with PTSD who also had scores exceeding clinical significance on the PTSD-RI. In each of the graphs below, the Left column indicates how many clients, on that particular version of the PTSD-RI, had scores at or above clinical cut-off. The column on the right indicates how many of that group had been diagnosed with PTSD. While the diagnosis of PTSD is a clinical judgment rendered by a clinician and cannot be based on the finding of any one instrument, the results proved to be interesting and thought provoking nonetheless. Other reported diagnoses for Seeking Safety have included but are not limited to Depressive Disorder NOS; Oppositional Defiant Disorder; Mood Disorder NOS; and Dysthymic Disorder.



Note: The above charts illustrate the number of clients that began treatment above the clinical cut-off and reportedly completed their treatment.



Note: The above charts illustrate the number of clients that began treatment below the clinical cut-off and reportedly completed their treatment.

The outcome data collected and reported so far indicates that this practice has been successful in empowering clients and increasing their safe coping skills. In turn, it has reduced client symptoms and improved their mental health functioning as evidenced by a reduction in Post outcome measure scores.

The observations made here are to be considered tentative in nature and not conclusive due to the low number of subjects.