

## Measuring Outcomes Of Usual Care Youth Psychotherapy: Who and What To Ask?

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## Psychotherapy Outcomes

- Importance of measuring psychotherapy outcomes
  - Providers increasingly required to demonstrate tx effectiveness and monitor progress
- Effectiveness historically defined as decrease in symptom severity
- Calls for expansion in the range of outcome indicators

## Multidimensional Model

- Impact of tx may be underestimated if only youth symptoms are measured (Kazdin, 2000)
- Importance of a multidimensional conceptualization of outcomes for youth mental health services (Hoagwood et al., 1996)
- Methodological complexity of this multidimensional conceptualization

## Informant Differences

- May be differences in various stakeholders' perceptions of change in outcome constructs
  - Informant differences often attributed to measurement error
  - Important source of information when evaluating tx effectiveness (Lambert et al., 1998)

## Current Study

- Examines the complexities in measuring outcome in usual care psychotherapy
- Extent of agreement in the identification of youths who "improve" in treatment according to different measures completed by youths and parents

## Participants

- 111 families of youths receiving publicly-funded outpatient mental health tx in San Diego County
  - Subset from a larger study of 170 participants
  - Families who had complete baseline and follow-up data
- 68 males and 43 females
- Ages 11 to 18 ( $M = 13.5$ ,  $SD = 2.0$ )

## Measures

- Internalizing and externalizing symptoms
    - The Child Behavior Checklist (CBCL: Achenbach, 1991)
    - Youth Self Report (YSR: Achenbach, 1991)
  - Youth adaptive functioning
    - Vanderbilt Functioning Index (VFI: Bickman et al., 1998)
  - Quality of family relationships
    - The Family Relationship Index (FRI: Holahan & Moos, 1983)
- \* Administered at baseline and 6-month follow-up

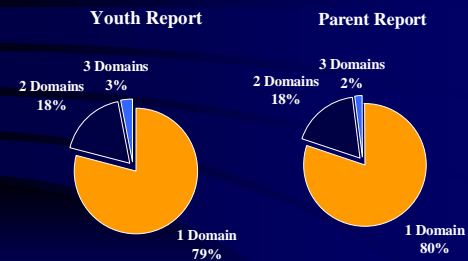
## Identifying “Improvers”

- Youths who showed the most positive change during tx
  - Difference score calculated by subtracting the six-month follow-up score from the baseline score (for each measure)
  - Those with difference score greater than 1 SD from the sample’s mean difference score classified as having clearly “Improved” on that measure
- Extent of overlap across “Improver” groups by informant and by domain was examined

### Improvement on Specific Domains by Stakeholder

Outcome Domain	Stakeholder		Overlap Across Stakeholders
	Youth	Caretaker/Parent	
Symptoms (CBCL/ YSR)	14 (13%)	17 (15%)	5 out of 26 (19%)
Functioning (VFI)	18 (16%)	16 (14%)	2 out of 32 (6%)
Environment (FRI)	19 (17%)	22 (20%)	4 out of 37 (11%)
Overlap Across 3 Domains	1 out of 33 (3%)	1 out of 44 (2%)	

### Overlap Across Domain by Stakeholder



## Summary

- Complexity of determining the impact of tx based on change in outcome indicators
  - Minimal overlap between youth and parents on each domain of outcome
  - Almost no overlap for each stakeholder’s report across the three domains
  - Support the notion that measuring one domain provides limited perspective (Hoagwood et al., 1996)

## Conclusions

- Consistent with research demonstrating limited agreement among stakeholders on desired outcomes (Garland et al., 2004; Hawley et al., 2003)
- Contribute to existing knowledge base in the area of outcome measurement by
  - Examining both multiple domains and multiple informants
  - Identifying clients who improved on standardized measures rather than looking at correlations between informants.
- Importance of reviewing what is meant by “improvement” in usual care psychotherapy

## Implications & Future Directions

- Study did not address methodological challenges:
  - Assessing clinically significant change
  - Identifying outcome trajectories
- Highlights dilemma that determining impact of care depends on who is asked about what
- Has been minimal discussion about implications of selection of indicators and/or informants
- Future research
  - Increasing the feasibility and ecological validity of multidimensional outcome measurement