

Complexities of Measuring the Impact of Usual Care Youth Psychotherapy

Chair: Ann Garland, Ph.D. ^{ab}
 Presenters: Lauren Brookman-Frazee, Ph.D. ^{ab}
 Rachel Haine, Ph.D. ^a
 Caroline Lewczyk Boxmeyer, Ph.D. ^c
 Discussant: Kimberly Hoagwood, Ph.D. ^d

^aChild and Adolescent Services Research Center (CASRC),
 Children's Hospital, San Diego
^bUniversity of California, San Diego, Department of Psychiatry
^cUniversity of Alabama, Department of Psychology
^dColumbia University, Department of Psychiatry &
 New York State Office of Mental Health

Supported by: NIMH K01MH01544 and R01MH66070
 www.CASRC.org

Complexities of Measuring the Impact of Usual Care Youth Psychotherapy

- Measuring outcomes of usual care psychotherapy: Who and What to ask?
- Determinates of youth and parent satisfaction in usual care psychotherapy
- Measuring the broader impact of usual care psychotherapy: Parent and family outcomes

Background and Rationale

- Increased pressure to measure outcomes of mental health services
- Minimal research on outcome measurement in "real world" settings
 - Relationship between different constructs and measures
 - Relationship between different informants' perspectives on change on these outcome constructs
 - Meaning of different outcome constructs

Complexities of Defining Desirable Outcomes

Outcome Domain	Stakeholders				
	Client	Client's family	Clinician	Payer	Teacher
Symptoms & Diagnoses					
Functioning					
Consumer Perspectives: Satisfaction, QOL					
Environment: Family & Community Stability					
Systems: Service Utilization					

Adapted from Hoagwood, et al., 1996

Adolescent Outcomes Study

P.I: Ann Garland, Ph.D.
 Coordinator: Caroline Lewczyk Boxmeyer, Ph.D.

Aims:

- 1) Identify desired outcomes for usual care youth psychotherapy and examine agreement across informants
- 2) Examine change in a variety of outcome measures across six months

Methods

Intake

Recruited families sequentially upon entry to a new episode of treatment at two publicly funded community-based clinics
 Interviewed adolescent and parent separately before >2 sessions
 Interviewed therapist
 76% of eligible families agreed to participate, 100% of therapists

6-Month Follow-up

Re-interviewed all 3 informants, regardless whether still in treatment
 92% of enrolled families participated in follow-up

- * Battery of standardized measures administered during interviews
- * Participants paid \$20 for each interview

Sample Characteristics

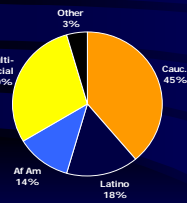
170 Adolescents

Mean age = 13.5 yrs old (SD=2; 11 to 18)
 67% Male
 CBCL Total Problems T score Mean = 67.5 (SD=9.5)

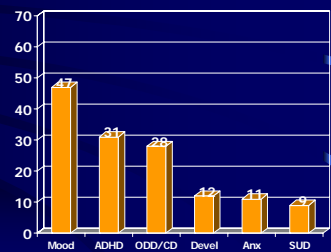
Sample is representative of all youths receiving publicly-funded out-patient care in our county and symptom severity is similar to other clinical samples

Adolescent Characteristics (n = 170)

Race/Ethnicity



Intake Diagnoses



Sample Characteristics (cont.)

Parents (n=170)

43.9 yrs (SD=10.5)
 93% Female

Race/Ethnicity

58% Caucasian
 17% Latino
 14% Afr. Amer.
 9% Biracial/Other

50% Annual income < 15K
 55% Single-parent home

Therapists (n=65)

32.3 yrs (SD=7.1)
 75% Female

Race/Ethnicity

59% Caucasian
 19% Latino
 12% Asian Amer.
 7% Biracial/Other
 3% Afr. Amer.

6 years experience (<1 to 30)
 60% Master's; 40% Doctoral

Guiding Questions

Are outcome measures for youth mental health services interchangeable?

Is consumer satisfaction (parent or youth) a good "proxy" measure for other outcomes?

To what extent can the impact of youth psychotherapy be assessed by measuring parent and family variables?