Complexities of Measuring the Impact of Usual Care Youth Psychotherapy

Chair: Ann Garland, Ph.D.  
Presenters: Lauren Brookman-Frazee, Ph.D.  
Rachel Haine, Ph.D.  
Caroline Lewczyk Boxmeyer, Ph.D.  
Discussant: Kimberly Hoagwood, Ph.D.  

*Child and Adolescent Services Research Center (CASRC), Children's Hospital, San Diego  
*University of California, San Diego, Department of Psychiatry  
*University of Alabama, Department of Psychology  
*Columbia University, Department of Psychiatry & New York State Office of Mental Health  

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

• Measuring outcomes of usual care psychotherapy: Who and What to ask?  
• Determinants 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

Outcome Domain

- Stakeholders
  - Client
  - Client’s family
  - Clinician
  - Payer
  - Teacher
- Symptom & 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?