

## Validity of Treatment Target Progress Ratings as Indicators of Youth Improvement

Brad Nakamura & Charles Mueller  
University of Hawaii at Manoa

## Introduction

- Practitioners are increasingly required to demonstrate and document intervention outcomes
- Individualized measurement strategies
  - Target complaints (TC; Battle et al., 1966)
  - Goal attainment scaling (GAS; Kiresuk et al., 1994)
- Monthly Treatment & Progress Summary Form** (MTPS; Child and Adolescent Mental Health Division; 2003)
  - Service format
  - Service setting
  - Treatment targets
  - Clinical progress ratings
  - Intervention practice elements
  - Provider outcomes

Battle, Imber, Hoehn-Saric, Nash, & Frank, 1966; Kiresuk, Smith, & Cardillo, 1994

## Introduction

### Treatment Targets

Activity Involvement	Contentment, Enjoyment, Happiness	Learning Disorder, Underachievement	Phobias/Fears	Sleep Disturbance
Academic Achievement	Depressed Mood	Low Self-Esteem	Positive Thinking/Attitude	Social Skills
Aggression	Eating, Feeding Problems	Mania	Psychosis	Speech and Language Problems
Anger	Empathy	Medical Regimen Adherence	Runaway	Substance Use
Anxiety	Enuresis, Encopresis	Oppositional/ Non-Compliant Behavior	School Involvement	Suicidality
Assertiveness	Fire Setting	Peer Involvement	School Refusal/Truancy	Traumatic Stress
Attention Problems	Gender Identity Problems	Peer/ Sibling Conflict	Self-Control	Treatment Engagement
Avoidance	Grief	Personal Hygiene	Self-Injurious Behavior	Willful Misconduct, Delinquency
Cognitive-Intellectual Functioning	Health Management	Positive Family Functioning	Sexual Misconduct	Other:
Community Involvement	Hyperactivity	Positive Peer Interaction	Shyness	Other:

## Introduction

### Clinical Progress Ratings

	Deterioration < 0%	No Significant Changes 0-10%	Minimal Improvement 11-30%	Some Improvement 31-50%	Moderate Improvement 51-70%	Significant Improvement 71-90%	Complete Improvement 91-100%
Oppositional Behavior		✓					
Depressed Mood				✓			
Positive Family Functioning						✓	

## Introduction

- Purpose of the present study**
  - Examine and compare the degree of change over the course of treatment as assessed by two measures
    - Monthly Treatment and Progress Summary form (MTPS; Child and Adolescent Mental Health Division, 2003)
    - Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 1998)

## Introduction

### Hypotheses

- There should be no meaningful relationship (i.e., lack of a significant correlation) between MTPS and CAFAS scores at intake into the CAMHD system
- There should be a significant inverse relationship between MTPS and CAFAS scores at six-month follow-up (i.e., after receiving six months of services)

## Method

Participants ( $N = 74$ )

- Age
  - $M = 13.82$
  - $SD = 2.99$
  - Range = 4.40 to 18.19
- Gender
  - 42 males (56.8%)
  - 32 females (43.2%)
- Principal diagnoses
  - Mood/anxiety (37.8%)
  - Disruptive behavior (24.3%)
  - Attentional (23.0%)

## Method

Measures

- Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 1998)
- Monthly Treatment and Progress Summary (MTPS; Child and Adolescent Mental Health Division; 2003)
  - Treatment targets
  - Clinical progress ratings

## Method

Procedure

- Participants were selected on the basis of the availability of both CAFAS and MTPS reports at two separate times
  1. Intake into our system
  2. At six-month follow-up

	Intake into system	Six-month follow up
CAFAS	Intake CAFAS report	Follow-up CAFAS report
MTPS	Intake MTPS report	Follow-up MTPS report

## Method

Procedure

- CAFAS scores
  - Hodges' (1998) eight-scale scoring procedure
- MTPS scores
  - Mean progress rating scores were derived by averaging progress rating scores for all **stable** targets

	Intake into system	Six-month follow up
CAFAS	Intake CAFAS score	Follow-up CAFAS score
MTPS	Intake MTPS score	Follow-up MTPS score

## Results

	Intake	6-Month	Stable
<b>Target: <math>M (SD)</math></b>	<b>6.39 (2.51)</b>	<b>7.23 (2.34)</b>	4.15 (2.16)
<b>Most Common Targets (<math>n</math>)</b>	Positive Family Functioning (55%)	Positive Family Functioning (74%)	Positive Family Functioning (53%)
	Treatment Engagement 50%	Oppositional Behavior (55%)	Anger (36%)
	Anger (46%)	Anger (47%)	Oppositional Behavior (34%)
	Oppositional Behavior (45%)	Depressed Mood (36%)	Depressed Mood (26%)
	Academic Achievement (35%)	Academic Achievement (35%)	Academic Achievement (24%)

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### Results

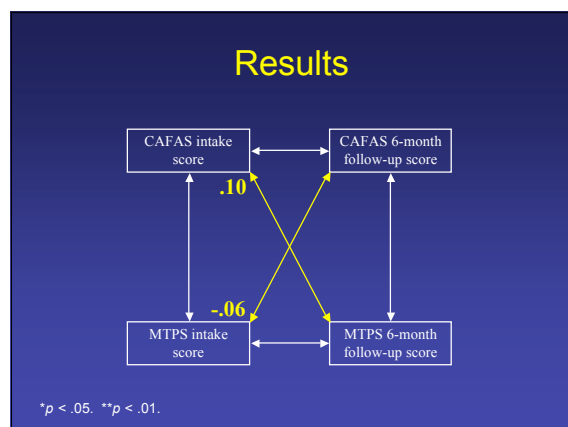
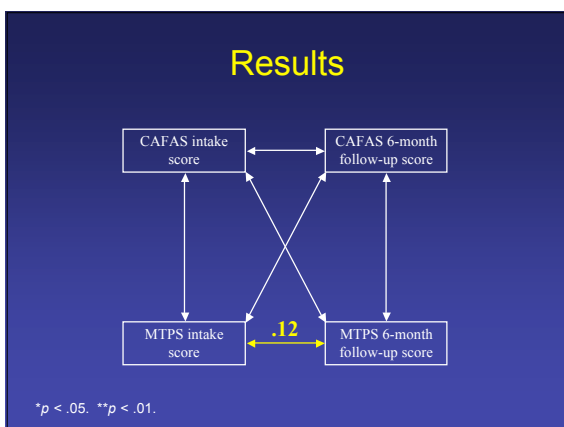
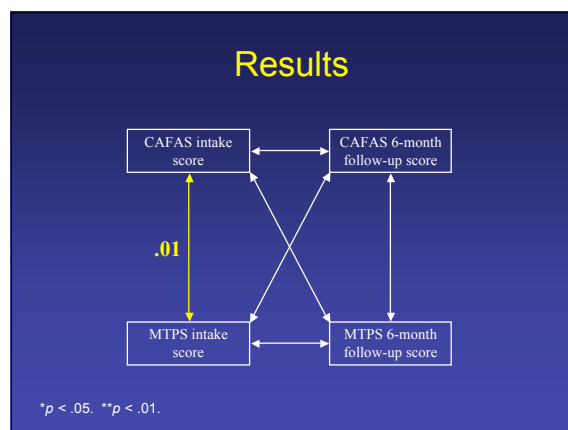
	Intake		6-Month Follow Up	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<b>CAFAS</b>	<b>109.9</b>	30.9	<b>88.0</b>	36.6
<b>MTPS</b>	2.02	1.22	3.08	1.62

*Note.* **CAFAS** = Child and Adolescent Functional Assessment Scale score, **MTPS** = Monthly Treatment Provider Summary score.  
 **$t(73) = -5.06, p < .001$ , Effect Size = 0.71**

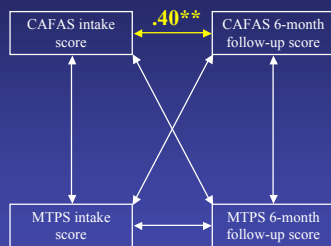
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 **$t(73) = 4.77, p < .001$ , Effect Size = 0.87**

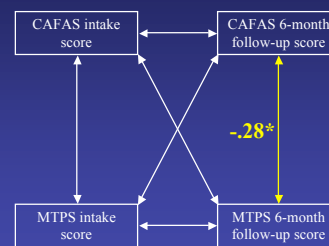


## Results



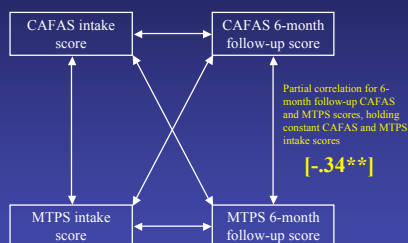
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## Results



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## Discussion

### Limitations

- MTPS/CAFAS analyses limited to six-month relationship
- Small sample
- Further study is needed for examining factors that influence data completion

### Next Steps

- Examine the relationship between MTPS scores and scores from other standardized measures of symptoms (e.g., Child Behavior Checklist; Achenbach & Rescorla, 2001)
- Examine treatment target- or diagnoses-specific relationships

## Conclusion

- Nomothetically calculated change scores for youths' improvements on idiographic treatment targets (i.e., MTPS scores) may serve as valid measures of client change
- The magnitude of these relationships ( $r = -.34$ ) suggests some level of specificity for both the CAFAS and MTPS measures
- Multi-level systems utility
  - Reasoning at individual case-load level
  - Practitioner accountability
  - System-wide trends

*Mahalo!*



Results				
Measure	Intake to Benchmark	n	Hypothesis 1: Standard Measure Intake to MTPS Intake	Hypothesis 2: Partial Correlation for Standard Measure and MTPS Follow- Up, holding intake scores constant
CAFAS	3 months	128	.11	-.29**
	6 months	74	.01	-.34**
	9 months	48	.14	-.43**
CALOCUS	3 months	104	.03	-.36**
	6 months	48	.06	-.19
	9 months	37	.09	-.07

p < .05; \*\*p < .01.  
Note: CAFAS = Child and Adolescent Functional Assessment Scale, CALOCUS = Child and Adolescent Level of Care Utilization System