Reflections on Five years of EBP Data

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Goals for Today

• To provide a brief overview of our evolving history of data reporting
• To describe some of the questions we have asked of our aggregate data and some of the things we have learned about our practices over the course of time
Milestones in Reporting

• Official data collection began July 1, 2011

• Wanted to create a support system for some of the practices that would include the ability to interact with the data

• Created the first Learning Network in May of 2012
PEI Practice Learning Networks

“Participants ... will have opportunities to review countywide and their clinic specific data, discuss implementation successes and challenges, talk about clinical fidelity and drift, as well as, lessons learned along the way. Providers are able to share solution-focused strategies and to put forward provider-driven technical assistance.”

Attendees included like minded providers, Outcomes staff, Practice Leads, Administration, and trainers (when available)
PEI Practice Learning Networks

Aggregate Report

Individual Reports
PEI Practice Learning Networks

Typical Aggregate Report Data Includes:
- Compliance Rates
- Client Status
- Drop-out/Completion Rates
- Demographic Data
- Initial Diagnosis*
- Unable to Collect Reasons
- Service Delivery Data
- Outcome Data

The advantage of aggregated data

The disadvantage of aggregated data

*Not currently
Our Approach

The development of our PEI data analysis approach did not follow a road map.

Curiosity was the driving force.

Goal was not to generate new research but to inspire a practical understanding of the data.
Our Approach

We intentionally use simple methods of analysis.

Encourage generous use of salt.
Caution: High Sodium Alert!

Disclaimer

“Grain of Salt”
Our Approach

We intentionally use simple methods of analysis

Encourage generous use of salt

Hope to inspire curiosity and a fervent but informed discussion
How successful have we been in collecting data?
Compliance Rate

The percentage of clients claimed that have data entered into the OMA

\[
\frac{\text{# of Clients Entered into the OMA}}{\text{# of Clients Claimed}} \times 100
\]

Percentage can range from mid 30s to over 90%
How successful have we been in helping clients flow through a practice?
Client status in a practice

Total Treatment Cycles

- Clients Completing Treatment
- Clients Dropping-Out of Treatment
- Clients Still in Treatment

This data can be used...

- to explore client flow through treatment
- to evaluate process of data entry
- to calculate Drop-Out Rate
- to calculate the Completion Rate
Client status in a practice

Client Status in CORS by Fiscal Year All Providers

- **Dropped**
- **Completed**
- **Active**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Dropped</th>
<th>Completed</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-12</td>
<td>164</td>
<td>170</td>
<td>60</td>
</tr>
<tr>
<td>12-13</td>
<td>368</td>
<td>139</td>
<td>139</td>
</tr>
<tr>
<td>13-14</td>
<td>220</td>
<td>206</td>
<td>206</td>
</tr>
<tr>
<td>14-15</td>
<td></td>
<td>302</td>
<td>402</td>
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<tr>
<td>15-16</td>
<td>63</td>
<td>141</td>
<td>172</td>
</tr>
<tr>
<td>16-17</td>
<td>13</td>
<td>53</td>
<td>133</td>
</tr>
</tbody>
</table>
Client status in a practice

Client Status in CORS by Fiscal Year (DO)

Client Status in CORS by Fiscal Year (CA)
Are clients getting better?
### Table 7b. Outcome Data—Clients who Completed CPP

<table>
<thead>
<tr>
<th>Profile</th>
<th>Percent Change Raw Scores</th>
<th>T-Score Average Pre</th>
<th>T-Score Average Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Clients Ages 4-7 (n=31)</td>
<td>16.92%</td>
<td>65</td>
<td>53</td>
</tr>
</tbody>
</table>

**Trauma Symptom Check List for Young Children (TSCYC)**

**Posttraumatic Stress – Total Scale (PTS-TOT)**

**Figure:**

- **Pre-Post Average T-Scores**
- **Severe**
- **Moderate**
- **Mean**
Child-Parent Psychotherapy (CPP)
General Measure
Aggregate Report 3-27-13
CPP Pre-Post Analysis

TSCYC Clinical Scales Pre-Post Comparison
5-6 Year Old Females Since Inception (n=43)
CPP Pre-Post Analysis

TSCYC Clinical Scales Pre-Post Comparison
5-6 Year Old Females Since Inception (n=43)

YOQ – Parent Clinical Scales Pre-Post Comparison
5+ Year Old Females Since Inception (n=43)
CPP Pre-Post Analysis

TSCYC PTSD-TOT Average Pre-Post Change per Grouped Number of Sessions

n=308
CORS Pre-Post Analysis

Average Reduction in Pre-Post Symptoms per Number of Sessions

OQ45.2

<table>
<thead>
<tr>
<th>Number of Sessions</th>
<th>Reduction in Avg Pre-Post Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four</td>
<td>14.5</td>
</tr>
<tr>
<td>Five</td>
<td>11.79</td>
</tr>
<tr>
<td>Six</td>
<td>14.89</td>
</tr>
<tr>
<td>Seven</td>
<td>24.78</td>
</tr>
<tr>
<td>Eight</td>
<td>6.5</td>
</tr>
</tbody>
</table>
TF-CBT: A Closer Look:

YOQ-SR Total Score Pre-Post Comparisons By Top Diagnostic Category

Pre-Post Percent Improvement

46.67% Y
45.08% Y
43.85% Y
42.72%

Y=exceeds 18pt Pre-Post difference for the change to be considered reliable.
How might we understand outcomes with relatively little pre-post change?
Seeking Safety
Aggregate Report
1-30-14

UCLA PTSD RI – Child/Adolescent
(n=519)

Cutoff = 38

AvgPre AvgPost

21.87
15.83

UCLA PTSD-R1 - Child/Adolescent
Reliable Change

Positive Reliable Change
No Reliable Change
Negative Reliable Change

138
353
28

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Two Populations?
Different Expectations?

Pre Score’s ≥ Cutoff

VS

Pre Score’s < Cutoff
Two Populations? Different Expectations?

We would like average scores beginning at or above the Cutoff to be below Cutoff at Post.

Pre Score’s ≥ Cutoff

VS

Pre Score’s < Cutoff
Two Populations?
Different Expectations?

We would like average scores beginning below the Cutoff to continue to be below Cutoff at Post

Pre Score’s ≥ Cutoff

VS

Pre Score’s < Cutoff
Seeking Safety Pre-Post Analysis

PTSD-RI Child/Adolescent Pres Above/Below Cut-off Average Total Score

- Pre ≥ 38
- Pre < 38

n=84
n=385

Positive Change
No Change
Negative Change
# Seeking Safety: Children

**PTSD-RI Child/Adolescent Total Score Pre-Post Comparison by Top Diagnosis Children 13-15**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Pre</th>
<th>Post</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Disorder</td>
<td>18.54</td>
<td>14.34</td>
<td>-22.65%</td>
</tr>
<tr>
<td>Oppositional Defiant</td>
<td>17.29</td>
<td>14.06</td>
<td>-18.68%</td>
</tr>
<tr>
<td>MDD Recurrent</td>
<td>19.27</td>
<td>18.85</td>
<td>-2.02%</td>
</tr>
<tr>
<td>MDD Single</td>
<td>17.17</td>
<td>16.62</td>
<td>-2.70%</td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td>18.00</td>
<td>16.21</td>
<td>-9.44%</td>
</tr>
<tr>
<td>Adjust Disorder (Various)</td>
<td>19.21</td>
<td>13.32</td>
<td>-29.80%</td>
</tr>
<tr>
<td>Disrupt Behavior Disorder</td>
<td>12.71</td>
<td>13.57</td>
<td>6.74%</td>
</tr>
<tr>
<td>PTSD</td>
<td>40.46</td>
<td>39.15</td>
<td>-3.20%</td>
</tr>
<tr>
<td>ADHD</td>
<td>23.31</td>
<td>14.77</td>
<td>-36.23%</td>
</tr>
</tbody>
</table>

$n=35$ $n=34$ $n=26$ $n=23$ $n=21$ $n=19$ $n=14$ $n=13$ $n=13$
PTSD-RI Child/Adolescent

PTSD-RI Parent

Children (13-15)
Seeking Safety: Adults & Older Adults

PTSD-RI Short-Form Adults & Older Adults 26+
Pre-Post Comparison by Top Diagnosis

- MDD Recurrent: 24.52% (Pre), 37.75% (Post)
  - Pre: n=40
  - Post: n=35

- PTSD: 43.74% (Pre), 33.35% (Post)
  - Pre: n=35
  - Post: n=35

- Adjust Disorder (Various): 19.67% (Pre), 13.11% (Post)
  - Pre: n=18
  - Post: n=18

- Depressive Disorder NOS: 22% (Pre), 18.08% (Post)
  - Pre: n=13
  - Post: n=13

- MDD Single: 33.89% (Pre), 21.89% (Post)
  - Pre: n=9
  - Post: n=9

- Mood Disorder NOS: 42.33% (Pre), 33.67% (Post)
  - Pre: n=9
  - Post: n=9
What is the Drop-Out Rate for each practice?

How might we help more client’s complete a practice without dropping-out?
A Closer Look – Drop-Outs

Clients leave a practice through one of two doors

They “Graduate”

They Drop-out

The drop-out rate is the % of clients who end treatment by “dropping out”
# A Closer Look – Drop-Outs

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART</td>
<td>58.3%</td>
</tr>
<tr>
<td>CPP</td>
<td>52.6%</td>
</tr>
<tr>
<td>CORS</td>
<td>39.2%</td>
</tr>
<tr>
<td>Individual CBT Anxiety</td>
<td>56.7%</td>
</tr>
<tr>
<td>Individual CBT for Depression</td>
<td>60.0%</td>
</tr>
<tr>
<td>Individual CBT Trauma</td>
<td>51.4%</td>
</tr>
<tr>
<td>IY</td>
<td>35.3%</td>
</tr>
<tr>
<td>IPT</td>
<td>46.9%</td>
</tr>
<tr>
<td>Seeking Safety</td>
<td>59.5%</td>
</tr>
<tr>
<td>TF-CBT</td>
<td>44.5%</td>
</tr>
</tbody>
</table>

Data as of 2-1-17
Reducing Drop-Outs

QUESTION: What is a “normally expected” Drop-Out Rate?

“Despite more than 50 years of research on client attrition...obstacles to the delivery and success of treatment remain poorly understood, and effective methods to engage and retain clients in therapy are lacking.”

Reducing Drop-Outs

Some estimate percent dropping-out can range from 20% to 57% after the first session.

Another suggested up to 65% of clients drop-out before the 10th session.

One author noted that the high drop-out rate was troubling because (in general) 11-13 sessions of evidence-based treatment are needed for half of clients to be considered recovered.

Methodological Issues: What constitutes a “Drop-Out?”

# Reducing Drop-Outs

## Proposed Barriers to Staying in Treatment

- Stigma
- Client demographics
- Diagnosis
- Goodness-of-fit with treatment
- Dropping-out after crisis has passed
- Lack of psychological mindedness
- Poor facilities
- Ethnic-cultural considerations
- Expectations on the effectiveness and length of treatment
- Long wait periods/systemic frustrations

## Proposed Strategies to Reduce Drop-Outs

- Role induction
- Motivational interviewing
- Strategize to increase client engagement
- Build upon client’s strengths
- Evidence sensitivity to the client’s struggles
- Orient clients to clinic
- Identify clients who are not progressing and alter treatment
- Find ways to increase therapeutic alliance
- Cultural sensitivity

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A Closer Look: Triple P

Those who Complete
Avg Age = 7.70
Avg # of Sessions to Completion = 15.21
Avg # of Weeks to Completion = 19.6

Those who Drop-Out
Avg Age = 7.09
Avg # of Sessions to Drop = 7.57
Avg # of Weeks to Drop = 11.3

Pre-Post ECBI T-Score Comparisons for those who Completed

Pre-Post ECBI T-Score Comparisons for those who Dropped
A Closer Look: Triple P

Post Questionnaire UCS Reasons

Blank 36.8%  (8.62 Sessions)
Premature Termination 30.16%  (6.71 Sessions)
Lost Contact 15.64%  (5.71 sessions)
Par/Care Unavailable 9.76%  (7.9 Sessions)

African-American 58.82%  (n=204)
Caucasian 39.62%  (n=106)
Hispanic-Latino 44.20%  (n=1430)
Unkn/Not Reported 24.68%  (n=158)

Avg Drop-Out Rate=43.63
A Closer Look: Triple P

Number of Clients Dropping-Out of Triple P as a Raw Number and Cumulative Percentage by Session Number
A Closer Look: Triple P

Number of Clients Dropping-Out of Triple P as a Raw Number and Cumulative Percentage by Session Number
A Closer Look: Triple P

Number of Clients Dropping-Out and Completing Triple P as a Raw Number over the first 40 sessions

Avg # Sessions for Completers
= 15.40
A Closer Look: TF-CBT

Number of Clients Dropping-Out and Completing TF-CBT as a Raw Number over the first 40 Sessions

Avg # Sessions for Completers = 18.61
A Closer Look - Demographics

Who do we serve in IPT?

<table>
<thead>
<tr>
<th>Total Number of Clients</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Primary Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>4049</td>
<td>35</td>
<td>69.65%</td>
<td>12.37%</td>
<td>63.55%</td>
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<tr>
<td></td>
<td></td>
<td>30.33%</td>
<td>7.01%</td>
<td>28.28%</td>
</tr>
<tr>
<td></td>
<td>n=</td>
<td></td>
<td>14.30%</td>
<td>8.17%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>59.13%</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>7.19%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>English</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Spanish</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Note 1: Age is calculated at the date of the first EBP.
Note 2: Percentages may not total 100 due to missing data and/or rounding.
A Closer Look - Demographics

Number of Clients Entering IPT by Age at First Session
‘14-’17

12 through 18
43.76%

19 through 59
32.96%

60+
23.28%
A Closer Look - Demographics

PHQ-9 Pre-Post Scores by Number of Sessions
Clients 12 through 18 who Completed IPT with Matched Pairs

Avg # Sessions = 24.35
A Closer Look - Demographics

PHQ-9 Pre-Post Comparisons by Number of Sessions
Clients 12 through 18 who Completed with Matched Pairs and those who Dropped-Out without Matched Pairs

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Complete Pre</th>
<th>Drop-out Pre</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 9</td>
<td>7.31</td>
<td>4.38</td>
</tr>
<tr>
<td></td>
<td>n=89</td>
<td>n=25</td>
</tr>
<tr>
<td></td>
<td>n=118</td>
<td>n=25 dropped</td>
</tr>
<tr>
<td>10 to 14</td>
<td>7.82</td>
<td>3.82</td>
</tr>
<tr>
<td></td>
<td>n=54</td>
<td>n=12</td>
</tr>
<tr>
<td></td>
<td>n=68</td>
<td>n=58 dropped</td>
</tr>
<tr>
<td>15 to 19</td>
<td>10.46</td>
<td>3.96</td>
</tr>
<tr>
<td></td>
<td>n=43</td>
<td>n=16</td>
</tr>
<tr>
<td></td>
<td>n=58</td>
<td>n=16</td>
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</table>
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