

Triple P Parenting

LA PEI Aggregate Program Performance Dashboard Report July 2013 Data Submission

Prepared by the California Institute for Mental Health (CIMH)

This aggregate program performance dashboard report describes children for whom data were submitted in July of 2013 that participated in LA PEI-funded Triple P Parenting programs in Los Angeles County, reflecting clients served through the end of June 2013.

Thirty-six private-provider agencies submitted data to CIMH in July 2013, reflecting clients served in their Triple P Parenting programs through June of 2013. This report presents data from:

- AADAP, Inc.
- Child and Family Center
- Child & Family Guidance Center
- Counseling4Kids
- Didi Hirsch
- D'Veal Family & Youth Services
- El Centro de Amistad
- Eisner Pediatric & Family Medical Center
- ENKI Health and Research Systems
- Exceptional Children's Foundation
- Five Acres
- Foothill Family Services
- Gateways Hospital
- Harbor View CSC
- Hathaway-Sycamores
- Helpline Youth Counseling
- Hillside
- Kedren Mental Health
- Koreatown Youth & Community Center
- Los Angeles Child Guidance Clinic
- Maryvale
- Masada Homes
- Optimist Youth Homes and Family Services
- Pacific Clinics
- Penny Lane
- Rosemary Children's Services
- San Fernando Valley Community Mental Health Centers
- South Bay Children's Health Center
- SPIRITT Family Services
- St. Francis Medical Center
- St. John's Health Center
- The Help Group
- The Village
- The Whole Child
- VIP
- Vista del Mar

This dashboard report reflects a total of **5,124** clients referred to Triple P programs offered by these **36** private-provider agencies.

Table 1. Triple P Level 4/5 Status (N=5,124)	
Entry Rate	Dropout Rate
97.5% (n=4,995)	28.1% (n=1,403)

Note1: Entry Rate is defined as children who were referred to Triple P Level 4/5 and have a first session documented.
 Note2: Dropout Rate is defined as children who stopped participating prior to successfully completing Triple P.

Table 2. Client Demographics – Children Who Entered Triple P Level 4/5 (n=4,995)										
Age	Gender		Ethnicity					Primary Language		
(in years)	Female	Male	African American	Asian/Pacific Islander	Caucasian	Hispanic/Latino	Other	English	Spanish	Other
8.9 (n=4,919)	33.1% (n=1,655)	66.8% (n=3,337)	10.7% (n=535)	1.5% (n=75)	6.7% (n=337)	77.3% (n=3,862)	3.7% (n=185)	55.0% (n=2,745)	43.4% (n=2,168)	1.6% (n=80)

Note1: Age calculated as the difference between the date of the first contact and the child client's date of birth.
 Note2: Percentages may not total 100 due to missing data.

Table 3. DSM-IV Diagnosis – Children Who Entered Triple P Level 4/5 (n=4,995)					
Primary DSM-IV Axis I Diagnosis					
Disruptive Behavior Disorders	Attention Deficit/Hyperactivity Disorders	Mood/Anxiety/Adjustment Disorders	Post-Traumatic Stress Disorder	Other	Missing/Not Reported
37.3% (n=1,865)	24.0% (n=1,201)	27.8% (n=1,390)	2.9% (n=146)	7.5% (n=373)	0.4% (n=20)

Level 4 Standard Child	Level 4 Standard Teen	Level 4 Group Child	Level 4 Group Teen	Level 5 Enhanced	Level 5 Pathways	Missing/ Not Reported
81.7% (n=4,081)	12.1% (n=605)	1.9% (n=97)	0.7% (n=34)	1.3% (n=64)	0.7% (n=34)	1.6% (n=80)

Clients With At Least One* Valid Eyberg Child Behavior Inventory Completed Prior to Triple P (Pre-ECBI)	Clients With At Least One* Valid Required Outcome Measure of General Mental Health Functioning (YOQ or YOQ-SR) Prior to Triple P
66.8% (n=3,215)	77.9% (n=3,510)

*Including parent/caregiver report and/or child/youth self-report. A measure is valid if it has been administered within the appropriate age range and has a valid score. The denominator for each percentage includes children who are within the valid age range for a particular measure(s).

*Please see Appendix A. for a description of the Eyberg Child Behavior Inventory and the Youth Outcome Questionnaires.

Average Length of Triple P	Average Number of Sessions
21.6 weeks (± 12.4) Range 1 – 95 weeks (n=1,795)	14.9 sessions (± 7.9) Range 1 – 80 sessions (n=1,791)

Note1: Completion of Triple P is defined as having a “yes” documented for completion status.

Note2: Duration is calculated as the difference between the date of the last session and the date of the first session.

Table 7. Outcome Data[±] – Children Who Completed Triple P Level 4/5 (n=1,836)					
Youth Outcome Questionnaire (YOQ and YOQ-SR) Total Score					
	Percent Improvement[±] from the Average Pre-Triple P Score to the Average Post-Triple P Score	Effect Size Estimate[±] (Cohen's <i>d</i>)	Percent of Clients Showing Reliable Change[±] from Pre-Triple P to Post-Triple P		
			Positive Change	No Change	Negative Change
Parent/Caregiver	39.6%* (n=1,114) [pre=62.4]	.82	60.7% (n=676)	32.5% (n=362)	6.8% (n=76)
Child/Youth	26.2%* (n=148) [pre=47.6]	.44	42.6% (n=63)	45.9% (n=68)	11.5% (n=17)
Eyberg Child Behavior Inventory (ECBI) Raw Scores					
	Percent Improvement[±] from the Average Pre-Triple P Score to the Average Post-Triple P Score	Effect Size Estimate[±] (Cohen's <i>d</i>)	Percent of Clients Showing Reliable Change[±] from Pre-Triple P to Post-Triple P		
			Positive Change	No Change	Negative Change
Parent/Caregiver	Intensity Raw Score	1.01	61.6% (n=583)	32.9% (n=311)	5.5% (n=52)
	27.6%* (n=946) [pre=136.7]				
Parent/Caregiver	Problem Raw Score	1.09	62.5% (n=601)	33.1% (n=318)	4.4% (n=42)
	46.8%* (n=961) [pre=18.8]				
Teacher/Staff	Intensity Raw Score				
	<i>n too small</i>				
Teacher/Staff	Problem Raw Score				
	<i>n too small</i>				

[±]Please see Appendix A. for a description of the Triple P Level 4/5 outcome measures and the outcome indicators (percent improvement in average scores; effect size estimate; and, percent of clients showing reliable change).

Note1: Possible YOQ and YOQ-SR Total Scores range from -16-240, with a clinical cutpoint of 47 for parent/caregiver report and 46 for youth self-report.

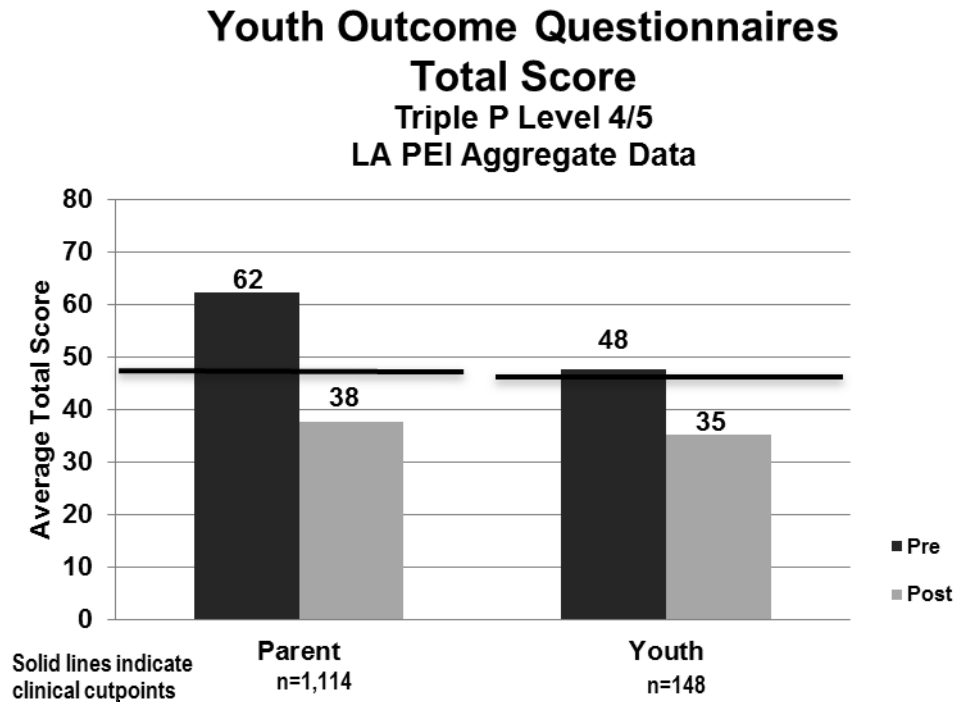
Note2: Possible ECBI Intensity Raw Scores range from 36-252, with a clinical cutpoint of 131; and, possible ECBI Problem Raw Scores range from 0-36, with a clinical cutpoint of 15.

Note3: Follow-up analyses of aggregate data revealed no significant differences in completion rate, dropout rate, duration of therapy, number of sessions, or change in outcomes by gender or ethnicity.

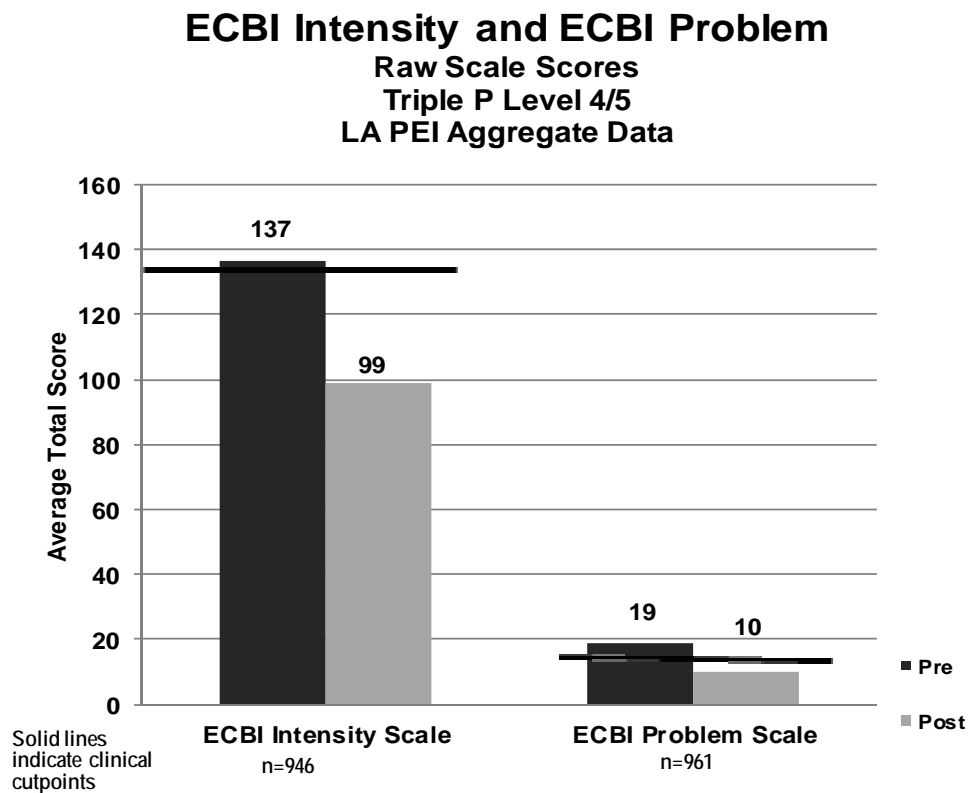
Note4: Minimum n for any aggregate pre/post outcome analysis is 20.

*A statistically significant improvement, $p \leq .01$.

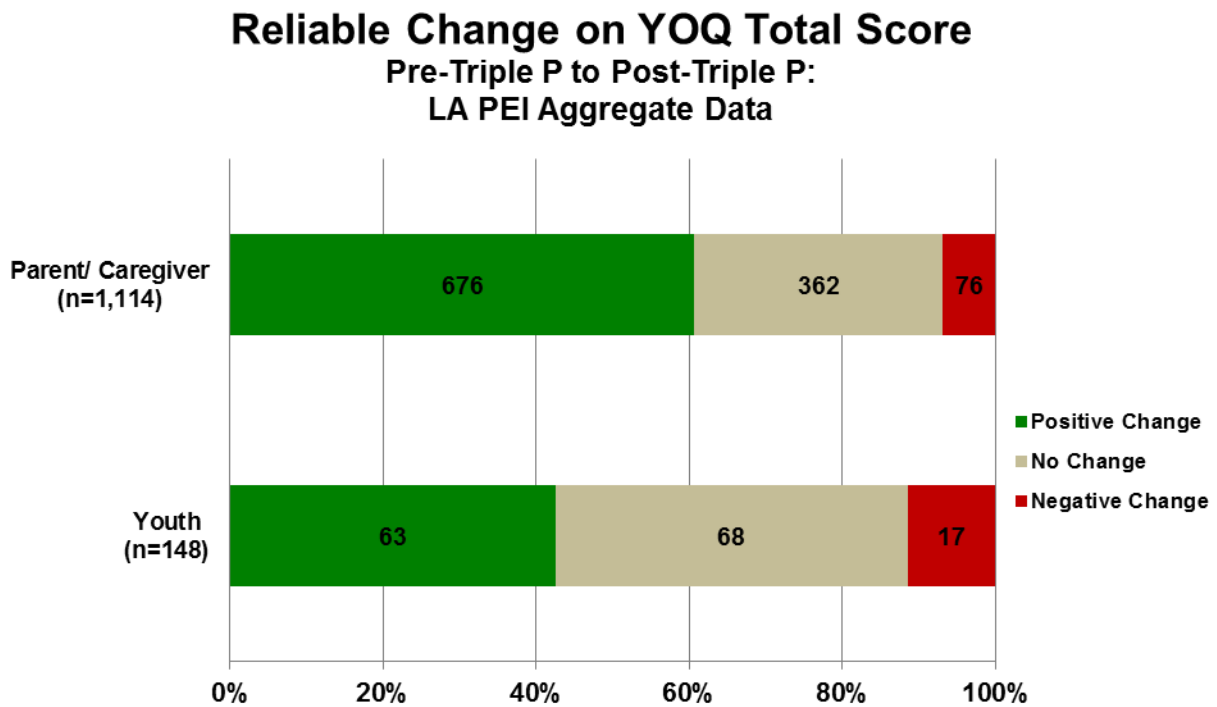
Graph 1. LA PEI Triple P Outcomes: YOQ and YOQ-SR Total Scores for Clients Who Completed Level 4/5 (n=1,836)



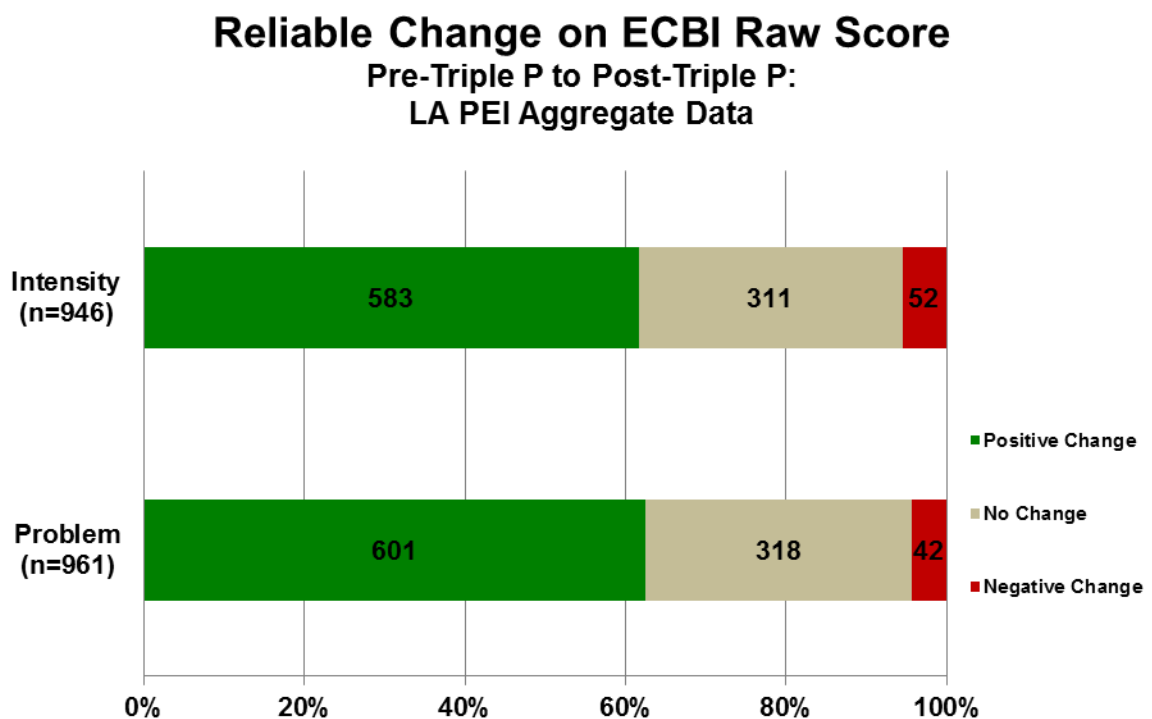
Graph 2. LA PEI Triple P Outcomes: ECBI Scores for Clients Who Completed Level 4/5 (n=1,836)



Graph 3. LA PEI Triple P Outcomes: Percent of Children Showing Reliable Change on the YOQ after Completion of LA PEI Triple P



Graph 4. LA PEI Triple P Outcomes: Percent of Children Showing Reliable Change on the ECBI after Completion of LA PEI Triple P



Appendix A. Description of Triple P Outcome Measures and Outcome Indicators

Eyberg Child Behavior Inventory (ECBI)

The *Eyberg Child Behavior Inventory* (ECBI) is an outcome measure completed before and after participation in Triple P Level 4/5. This 36-item parent-report measure has two components: one that assesses the frequency, or intensity, of current child behavior problems displayed by children between the ages of 2-16; and one that assesses the extent to which these behaviors are currently perceived as problematic to the child's parent/caregiver.

Possible ECBI Intensity Raw Scores range from 36-252, with a clinical cutpoint of 131; and possible ECBI Problem Raw Scores range from 0-36, with a clinical cutpoint of 15.

Youth Outcome Questionnaires (YOQ and YOQ-SR)

The *Youth Outcome Questionnaires* (YOQ and YOQ-SR) are outcome measures completed before and after participation in Triple P Level 4/5. These 64-item standardized questionnaires assess children's global mental health functioning within the prior week according to both youth self-reports (ages 12-18) and reports of their parents/caregivers (for children ages 4-17).

Possible Total YOQ and YOQ-SR scores range from -16-240. Scores of 47 or higher for parent/caregiver report and 46 or higher for youth self-report are most similar to clinical populations.

Outcome Indicator: Percent Improvement in Average Pre- and Post- Scores

The percent improvement in the average scores from pre-Triple P to post-Triple P is reported each outcome measure, when available. A paired t test analysis is conducted with each set of scores; and, when the difference observed is not likely to be due to chance ($p < .01$), this is indicated with a footnote.

In addition to reporting the percent of change in average scores in Table 7, graphs present the average pre-scores and the average post-scores for each informant on each measure, with solid lines indicating the clinical cutpoints.

Outcome Indicator: Effect Size Estimate, Cohen's *d*

Cohen's *d* is a standardized effect size measure that estimates the magnitude, or strength, of a relationship. In this dashboard report it estimates the strength of the relationship between the average pre score and the average post score, expressed in terms of standard deviations. An effect size of .5 indicates that the average pre score is .5 standard deviations greater than the average post score. While there is no absolute agreement about what magnitude of an effect size is necessary to establish practical or clinical significance, conventional interpretations of Cohen's *d* are that effect sizes of .2 to .3 represent a "small" effect; effect sizes around .5 reflect a "medium" effect; and, effect sizes of .8 or greater represent a "large" effect. However, an alternate schema has been proposed for the social sciences, where the recommended minimum effect size representing a "practically" significant effect is .41, with 1.15 representing a moderate effect and 2.70 a strong effect [see Ferguson, C.J. (2009). *An Effect Size Primer: A Guide for Clinicians and Researchers. Professional Psychology: Research and Practice*, 40 (5), 532-538].

Appendix A. Description of Triple P Outcome Measures and Outcome Indicators (cont'd)

Outcome Indicator: Percent of Clients Showing Reliable Change

The percent of clients showing reliable change reflects those with an amount of change on an outcome measure from pre-Triple P to post-Triple P that meets or exceeds the value of the Reliable Change Index (RCI). RCI, as calculated using the Jacobson-Truax (1991) method, is the amount of change that can be considered reliable based on the difference from pre- to post-, taking the variability of the pre-treatment group and measurement error into consideration. It reflects an amount of change that is not likely to be due to measurement error ($p < .05$) [see Wise, E.A. (2004). Methods for Analyzing Psychotherapy Outcomes: A Review of Clinical Significance, Reliable Change, and Recommendations for Future Directions. *Journal of Personality Assessment*, 82(1), 50-59].

The percent of clients with positive change, no change, and negative change are reported in Table 7; and, graphs present reliable change in these three categories for each informant on each measure.