

1 OUTCOMES # 01

2 ABSTRACT

(o1) Parent-reported outcomes and satisfaction for 1- 6 session eclectic brief consults offered to low severity referrals. 60 - 80 consecutive attendees, with BCFPI data sought at beginning, end and 6 months after service. (April 2004)

October 2005: Parent post data analyzed for 84 cases (~30% of referrals,). Brief service referrals were less severe than referrals for routine clinical services (sec. 5.1) ; discharge effect sizes were comparable to evidence-based benchmarks (sec. 7.2); 6 month averages showed persisting improvement except for cooperativeness and Family adjustment (sec. 7.1); cases were very satisfied with Brief Service (sec. 7.3)

3 SERVICE TYPE: BRIEF CONSULTATION FOR LOW SEVERITY CASES

4 SERVICE DESCRIPTION

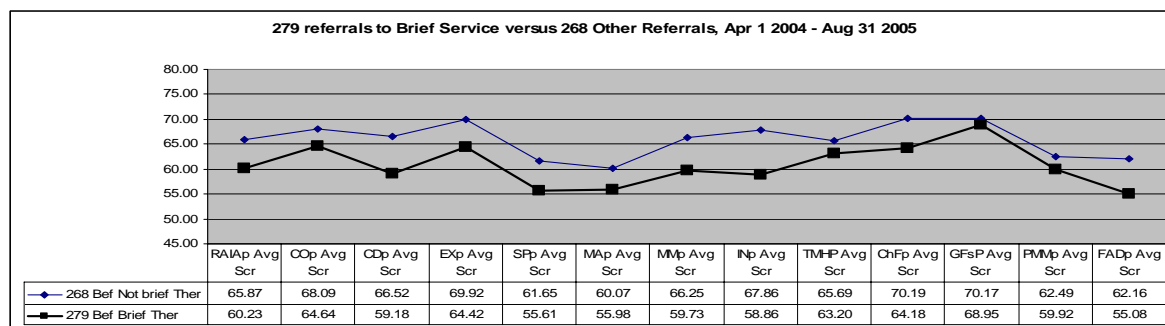
Cases are offered this agency's Brief Intervention by Hamilton's centralized Intake, if they seem to be of lower complexity and severity, often involving parenting issues. Suicidal cases, cases appearing to need specialized assessments, and cases with severe family dysfunction are excluded. BCFPI profiles are not central to the decision to offer this service, which is instead based on the Intake worker's experience, the narrative interview, and the Intake workers knowledge of community and agency resources. 1 - 6 eclectic sessions are offered to children aged 2-18 and their families/caregivers regarding family relationships and/or individual child or adolescent concerns.

5 AGENCY CONTEXT: REFERRAL TYPES AND VOLUMES

The agency had 685 referrals and 672 admissions in 2003. At the beginning of 2004, it had 75 cases waiting for service and 562 active cases. Its high active:waiting ratio (7.5:1) is high /good. This is partially attributed to the high throughput of the Brief Consultation service being evaluated here, but is also a reflection of Brief Consultation-based agency admissions being recorded upon referral to the program, rather than actual admission (based on first day service received). Within its region, this agency tends to receive lower severity referrals, with the same rate of low-income, single parent families (18%) as the region's CMH referrals. For Q4 2003, 47%, 52% and 15% of the 179 referrals to the agency had Total Mental Health, Externalizing, an Internalizing scores =>70. The agency offers outclient services only.

5.1 REFERRALS AND SAMPLING FOR INTAKE DATA, APRIL 1 2004 – AUG 31 2005 (16 MO)

- 843 cases were referred to the agency, April 1 2004 – Aug 31 2005 (~ 53 /mo)
- 717 of these had BCFPI forms completed (85% of 843)
- 566 of these were Parent forms (67% of 717) (the remainder, 33% (237), were Adolescent forms)
- 397 cases were referred to the Brief Program (47% of 843; 25 /mo); 423 to other HWC&AS programs
- 279 of the Brief Program referrals (70% of 397) had Parent forms completed; 63% of 'Other' referrals .
- As intended by the triaging (sec. 4), these 279 Brief Service referrals had somewhat lower average scores (symptom rates) than 268 cases referred to other HWC&AS services for the period, amongst referrals completing Parent Forms at intake (~66% of referrals). Brief cases averaged 5.5 points lower (0.55 SD) for Externalizing, 9 points lower for Internalizing, 7 points lower on Family Functioning (FAD) but were similar on Total Mental Health (TMHP) and Family Adjustment (GFsP).



6 OUTCOMES SAMPLE TARGET

60 - 80 consecutive cases attending at least 1 Brief consult session.

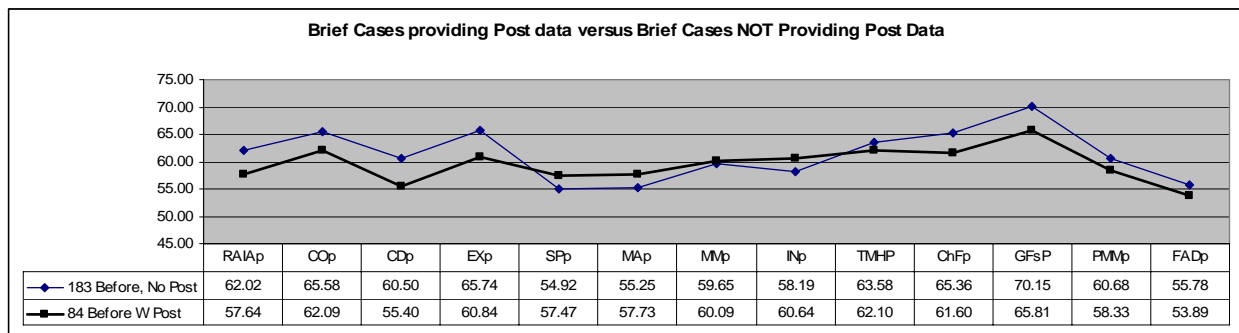
6.1 OUTCOMES SAMPLE UPDATE, OCT 2005

The original (April 2004) plan was: "BCFPI Parent Self-report Survey will be administered at the final brief consultation session, or mailed out within 2 -3 weeks of their last attended session. These will be entered as 'After' forms. Self report follow-up forms will be sent out 6 months later, with 2 or 3 phone calls to attempt to obtain (phone interview) the data from those who do not return the forms. These will be entered as '6-month follow-up' forms"

It was not possible to obtain discharge data on 60 - 80 successive discharges, or for the majority of discharges.

- 397 cases were referred to the program during the current 16 month report period.
- 279 of these (70%) completed Parent Intake forms
- 281 Brief cases were discharged during the report period
- Parent After forms were completed by 84 cases; ~ 30% of 279 Brief cases who completed Before Parent forms.¹
 - Face-face 'After' forms were requested and completed for most planned discharges
 - This is source of majority of outcomes data for this project
 - Return rate for mailed-out forms or connection rate for phone follow-ups amongst unplanned discharges was very low, <10%.
 - Various logistical and staffing issues prevented more systematic pursuit of missed cases.
- 6 month Follow-up data was provided by 12 of these cases.
- 11 cases provided Before and After Adolescent forms, bringing the total % of cases participating in the study to 34%.

6.1.1 BRIEF REFERRALS PROVIDING 'AFTER' DATA VERSUS BRIEF REFERRALS NOT PROVIDING 'AFTER' DATA (PARENT FORMS)



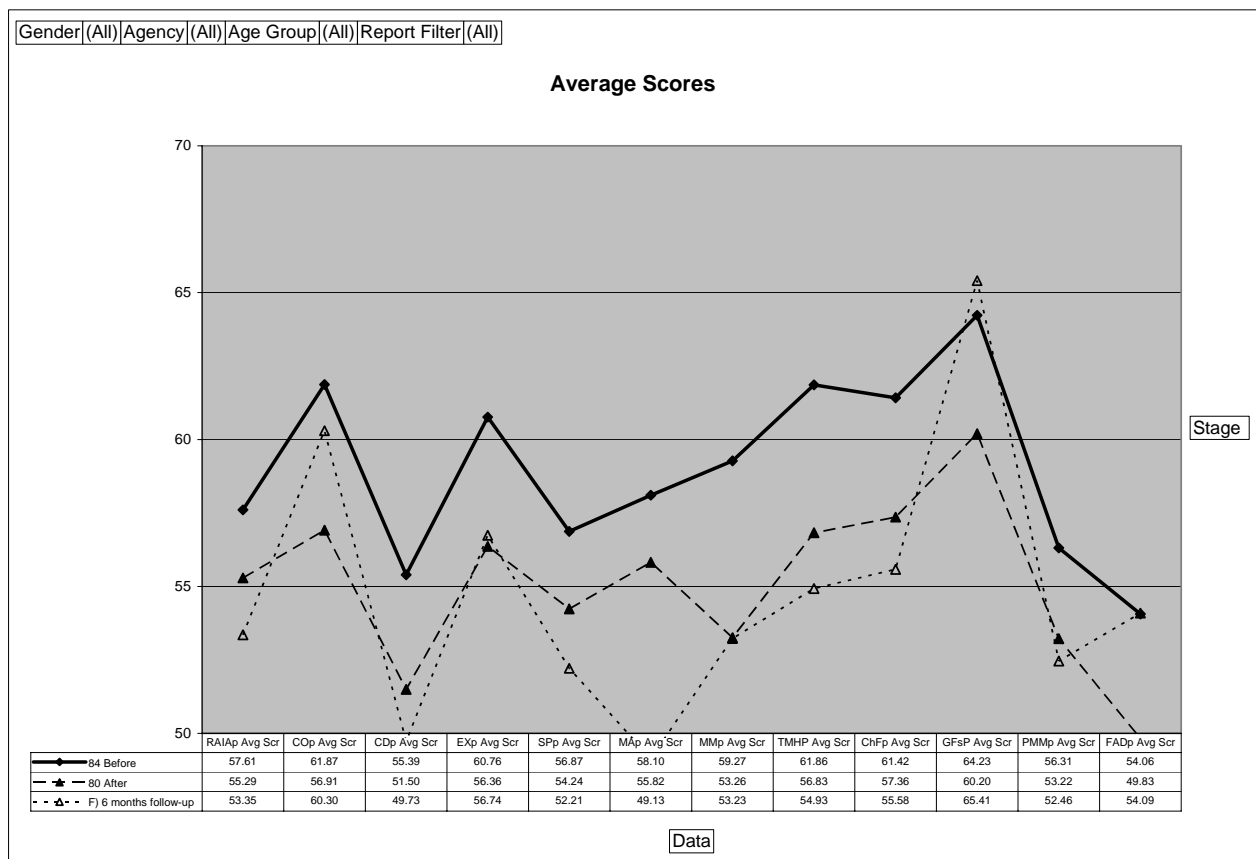
- 84 / 281 = 30% of discharged Brief referrals provided Parent post forms ('respondents')
- On 'Total mental Health (TMHP) respondents and non-respondents had similar scores (62.1 and 63.6)
- Non-respondents tended to have higher, more symptomatic (~0.5 SD) scores than respondents on externalizing problems, child functioning (ChFp) and Family adjustment (GFsP).
- Overall, the 84 cases which provided post data were somewhat less symptomatic at point of referral than non-respondents.

¹ We are developing a cross-project paper re outcomes response rates and methods. The 34% achieved in this project seems fairly typical in Ontario CMH field outcomes efforts. Project o14 (Sweden) reports a 90% response rate, using a protocol based on a contract to provide data every 12 months after admission.

- This may positively bias these outcome results compared to the full sample of brief cases... typically cases compliant with service regimens are believed to be 'healthier' than non-compliant cases, and their starting scores are somewhat lower (healthier).
- As noted in sec. 6.1. these 84 cases were the primary source of outcomes data, and were most of the cases which participated in a planned termination, as opposed to 'dropping out'.. This seems to further increase the chances of positive outcome and / or attitude amongst this subset of cases.

7 RESULTS UPDATE, OCT 2005

7.1 DESCRIPTIVE RESULTS: REFERRAL, DISCHARGE & FOLLOW-UP PROFILES



- All average scores were lower upon discharge from brief therapy
- The reductions averaged about 4 points... 0.4 SD.
- On 6 month follow-up (12 cases), Cooperativeness and Family Adjustment and Family Functioning returned to original levels. Other symptom levels stayed stable at the discharge level, or dropped further.
- Note that all of these averages, 'Before', 'After, and '6 month Follow-up' are well below the 'clinical threshold' of 70.
- Note that the above graph for 84 pairs of parent forms shows a 'Before' Total Mental Health (TMHP) average of 62 and an 'After' average of 57, and a change of 5 points. Inspection of the 11 pairs of adolescent forms (not shown here) also shows a change of 5 points for TMHP ('Before' average = 56, 'After' = 52)

7.2 EFFECT SIZES: BEFORE TREATMENT VERSUS SCORES AT END OF TREATMENT

Effect size, Pairs with 'Before =>65, for the Listed Domain						
Brief Therapy						
Problem Area	# of pairs	Pooled SD	Avg Bef	Avg Aft	Effect Size	Benchmark
Reg Attention	20	6.8	71.4	64.3	1.1	1.0
Cooperativeness	30	9.2	75.0	64.2	1.2	
Conduct	13	15.6	87.3	63.9	1.5	1.6
Externalizing	28	8.0	73.1	65.3	1.0	1.8
Seperation	19	11.2	77.8	66.2	1.0	
Anxiety	20	7.6	74.8	63.0	1.6	1.2
Mood	22	12.1	78.6	60.5	1.5	1.1
Internalizing	22	10.2	76.5	62.4	1.4	1.8
Total Mental Health	26	8.0	73.7	62.3	1.4	1.2
Child Functioning	27	8.8	73.6	63.9	1.1	
Family adjustment	35	15.9	77.3	71.1	0.4	
Parent Mood	13	12.6	79.2	62.6	1.3	
Family Functioning	12	10.9	71.8	58.3	1.2	

- This table extracts cases with Pre-service scores >65 for each domain, and calculates the Effect size for that domain.
- This is different from the graph in section 7.1, which examined all 84 cases providing pre and post data.
- The above table shows that 20 of these 84 pairs had 'Reg Attention' pre-scores => 65
 - Their average before score was 71.4; their average 'After' score was 64.3
 - (The graph in sec. 7.1 shows an average RAD 'Before' score of 57.6 for the entire set of 84 cases; this table focuses on the subset of cases with 'before scores => 65; i.e., 20 cases with 65+ RAD scores in this data set, averaging 71.4)
 - The Effect size was for RAD for these 20 cases was 1.1 : Average 'Before (71.4) minus Average After (64.3) divided by pooled Standard deviation (6.8) = 1.1
 - The typical benchmark reported for manualized, non-drug interventions for RAD is 1.0
 - Thus, HWC&AW's Brief Therapy, targeting less severe cases, is associated with an Effect size comparable to the literature benchmark, amongst cases with 'Before' scores =>65 (amongst compliant cases)
 - The 'follow-up' line on Graph 7.1 above suggest that this effect will persist for at least 6 months.

Table 7.2 shows similarly respectable Effect sizes, at end of treatment, for all measured domains, except family Adjustment.

- 35 cases with 'Before' Family Adjustment scores => 65 (average 77.3) remained above the clinical threshold at end of treatment (71.1) . This global domain examines impact of the child's problems on day-day family activities, and level of concern amongst family and friends regarding the child's problems.

Note also that the '6 month follow-up' line in graph 7.1 that these effects seem likely to persist, except for cooperativeness (Oppositional defiant symptoms) and Family adjustment, which revert to 'Before' treatment levels, 6 months after the end of service.

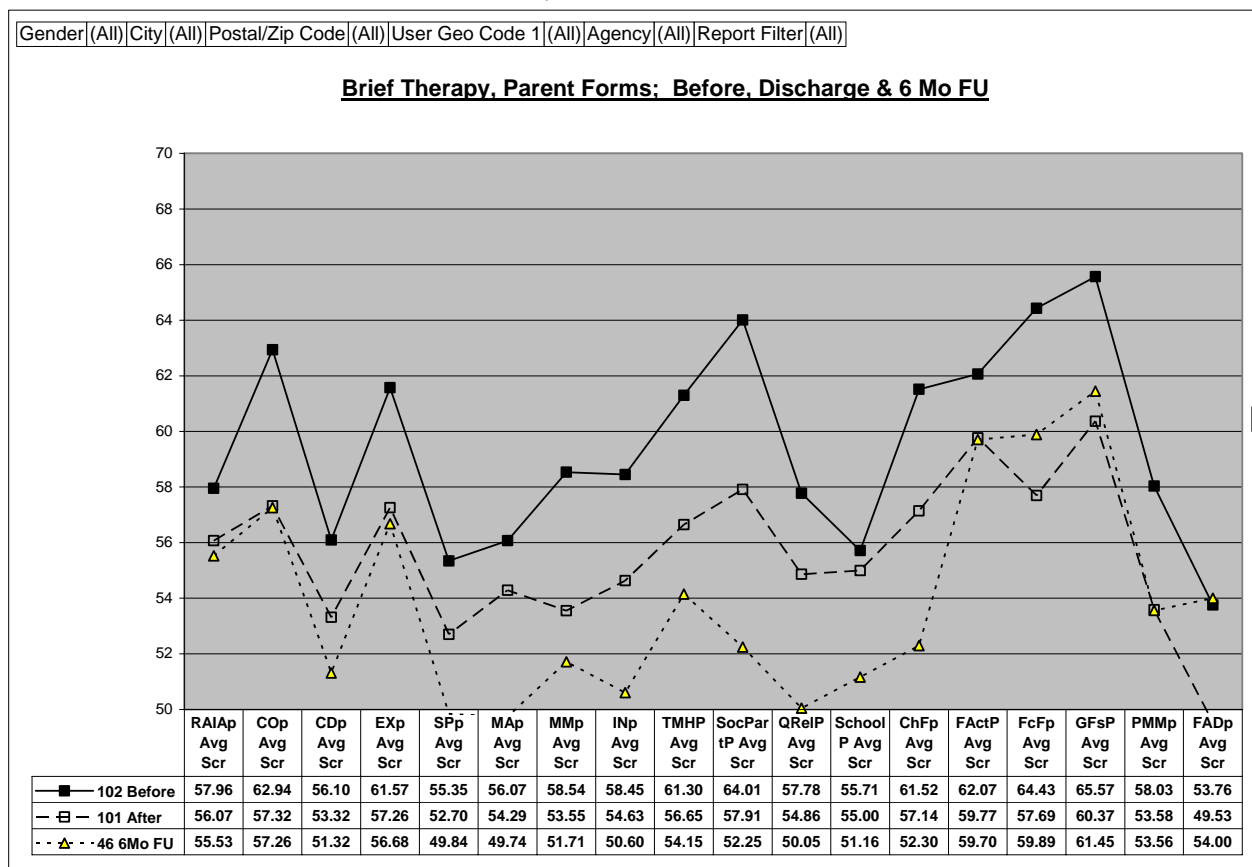
7.3 SATISFACTION WITH SERVICES

Item	Good, Very good or Excellent	Fair	Poor
Convenience of location	85%	11%	4%
Length of time on WL	86%	12%	2%
Time of day service is available	98%	2%	0%
Courtesy of staff	99%	1%	0%
Information regarding problem	96%	2%	2%
Skills learned to manage problem	94%	2%	4%
Participation in treatment planning	97%	1%	2%
Helpfulness of service	99%	1%	0%
Overall rating	99%	1%	0%

- Most clients found most aspects of service to be 'Good, Very good or Excellent'
- Service location (1 location only for city and region in city core) was rated somewhat lower
- Time on Waiting list (reportedly ~ 3 weeks for this service) was also rated somewhat lower. (April – June average wait for region was ~ 81 days)

8 RESULTS UPDATE, JAN 2007

8.1 DESCRIPTIVE RESULTS: REFERRAL, DISCHARGE & 6 MONTH FOLLOW-UP PROFILES



- Sample size has increased since Oct 2005... for the base of 279 referrals to Brief Therapy (Apr 04-Aug 31 05) who completed parent forms, 101 cases completed 'After forms' (36%) and 46 completed 'Follow-up' (16%) forms, showing:
 - 'Before' to 'After' improvement in almost all domains.

- Stability in 'After' and 'Follow-up' scores for externalizing problems;
- Additional improvement in internalizing and child function scores from discharge to 6 month follow-up
- Stability - slight deterioration in Family adjustment scores between discharge and 6 month follow-up
- Continued low scores for Caregiver mood
- Family adjustment scores reverted to 'before' level (i.e., 54, in average range)
- **The average interval from Discharge date to 101 Discharge form dates was 0.3 months; from Discharge date to 46 Follow-up form dates was 7.2 months**

8.2 EFFECT SIZE, AT 6 MONTH FOLLOW-UP (AND AT DISCHARGE)

Effect size at 6 month Follow-up, 41 cases, Pairs with 'Before' => 65 for Listed Domain							
Domain	Pairs w bef =>65	Avg 'Before' score	Avg '6 Mo FU' score	Pooled SD	Effect size, 6 mo	Eff Size & Pairs, Disch (sec. 7.2)	Benchmark
Reg Attention	17	72.39	62.4	10.13	0.99	1.1; 20	1
Cooperativeness	24	76.9	68.07	10.69	0.83	1.2; 30	
Conduct	12	90.77	58.67	17.11	1.88	1.5; 13	1.6
Externalizing	25	72.87	67.01	9.27	0.63	1.0; 28	1.8
Seperation	7	83.4	61.21	11.92	1.86	1.0; 19	
Anxiety	7	72.66	61.22	8.55	1.34	1.6; 20	1.2
Mood	11	77.45	57.82	14.3	1.37	1.5; 22	1.1
Internalizing	11	74.59	64.05	11.51	0.92	1.4; 22	1.8
Total Mental health	14	73.45	65.45	10.35	0.77	1.4; 26	1.2
Child Functioning	22	70.47	53.71	6.5	2.58	1.1; 27	
Family Adjustment	26	78.07	73.35	15.57	0.3	0.4; 35	
Parent Mood	10	81.77	71.48	14.19	0.73	1.3; 13	
Family Functioning	8	74.86	74.86	9.99	0	1.2; 12	

8.3 OBSERVATIONS RE 6 MONTH FOLLOW-UP SCORES FOR BRIEF THERAPY FOR LOW SEVERITY REFERRALS

- Graph 8.1 suggest, on average, for all cases providing pre-post data, stable normalacy for externalizing scores, increasing normalacy for internalizing and child functioning scores, and stable or slightly worsening scores related to family adjustment, caregiver mood and family functioning. All averages remain in the normal range.
- The Effect size table (8.2) focuses on *cases with pre-scores =>65*. It shows:
 - Continued large ($\Rightarrow 0.8$) effect sizes for Attn, Coop and Conduct;
 - However Cooperativeness ES drops from 1.2 at discharge to 0.83 with 6 mo. average amongst the 24 cases going up to 68.1 (borderline)
 - Moderate 6 mo effect size for (0.63) for overall Externalizing (6 Mo average, 67.1(borderline), up slightly from 65.1 in table 7.2
 - Maintenance, but some reductions, in large effect sizes for specific aspects of Internalizing problems (Sep, Anx, Mood)
 - Maintenance, but some reduction (1.44 \rightarrow 0.77) ES for Total mental Health Effect size
- The effect sizes and 6 mo FU scores for Family Adjustment, Parent mood and Family Functioning, amongst the 26, 10 and 8 families reporting Before scores >65 for these domains are trending to diminishing effect size and higher (worse) average scores, all above 70.

8.4 SUMMARY, DISCHARGE AND 6 MONTH FOLLOW-UP

- As intended, Brief Therapy is being offered to less severe referrals (sec 6.11)
- Cases are very satisfied with the service (sec. 7.3)
- The 34% of admission who provide discharge data report improvement in average scores at discharge, and generally large Effect sizes (except for family adjustment)
- The 16% of admissions who provided 6 month follow-up data report persisting or increasing improvements in average child scores, but slight deterioration in average Family Functioning and caregiver mood scores. However, all average 6 month follow-up scores remain below 65
- 6 month Effect sizes diminish somewhat, but generally remain large ($\Rightarrow 0.8$).
- Effect size and/or 6 month averages for Family adjustment to the Child's problem, Parent Mood and caregiver depression are less satisfactory.

9 PROJECT LIMITATIONS

- 34% Sample of Cases Provided Discharge data
- By Jan 2007, Discharge data had been obtained for 101 /279 cases (36%)
- Sec. 6.1.1 shows that the 84 Oct '05 cases which provided post data were somewhat less symptomatic at point of referral than non-respondents.
- These cases were also more cooperative in that they participated in planned discharges, rather than dropping out.
- 'Compliant' cases may be 'healthier' than non-compliant cases and respond better to treatment.
- The significant Effect sizes shown in sections 7.2 and 8.2 cannot be generalized from this subset of cases to all cases entering brief services.

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