

Evaluating Change Processes in Community-based Mental Health Services



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Community-based Evaluation of Psychosocial Interventions with Children and Adolescents

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Objectives

- Emphasize need for increased attention to change processes in children's mental health outcome research
- Summarize research efforts examining change processes and outcomes in community-based mental health services
- Discuss implications for improving clinical decision-making and outcomes
- Offer recommendations for enhancing value of ongoing treatment outcome research

“Lamentations”

- Need for increased understanding of change processes in child psychotherapy
- Concerns about generalizability of many treatment efficacy studies
- Relatively little attention to community-based treatment settings where millions of youth are served

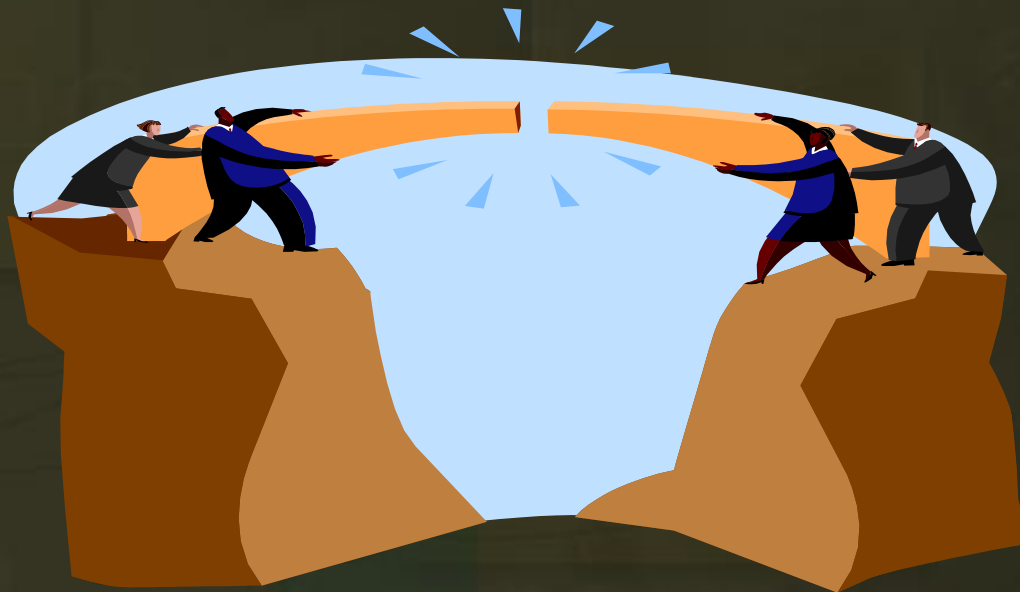
Community-based Research

“In general, we suspect that the most valid answers to questions about treatment outcome, component contributions, moderators, and mediators are less likely to come from research with recruited samples seen under controlled conditions than from referred samples seen under representative clinical practice conditions.”

(Weisz, Jensen, & McLeod, 2005)

Bridging the Gap

- Most efficient strategy is to build from both ends of the research–practice divide
- Complementary roles of evidence-based practice and “practice-based evidence”



Primary Study Questions

- What patterns of change are observed over the course of treatment in a community mental health system?
- What parent and youth factors are important predictors of child and adolescent treatment outcomes?
- When positive outcomes do occur, what concurrent changes may be responsible for those outcomes?

Participants

Child and adolescent outpatient clients (ages 4-17) and their parents/guardians

- $N = 349$ at intake; final sample = 271
- 59% male; mean age = 10.7 years
- 28% from racial/ethnic minority backgrounds
- Primary diagnoses: 35% disruptive behavior disorders, 20% mood disorders; 12% anxiety disorders, 9% adjustment disorders
- Over 80% had multiple diagnoses
- Mean GAF = 54

Study Variables

- Child and adolescent psychosocial distress (parent and youth report)
 - Youth Outcome Questionnaire (Y-OQ and YOQ-SR; Burlingame et al., 2001)
- Parent and youth covariates:
 - Parent symptoms
 - Parenting Self-efficacy
 - Parent Stress

Study Variables (cont.)

- Parent Social Support
- Parenting Practices
- Parent Motivation
- Parent Treatment Expectancies
- Youth Self-efficacy
- Youth Social Support
- Youth Hope
- Youth Treatment Expectancies
- Therapeutic alliance (youth and therapist)

Procedures

- Participants recruited at intake; 62% participation rate
- Measures completed by parents/guardians and youth (ages 12+)
 - Intake
 - 3 weeks
 - 2 months
 - 4 months
 - 6 months



Analyses

Hierarchical Linear Modeling (e.g., Raudenbush & Bryk, 2002; Singer & Willett, 2003)

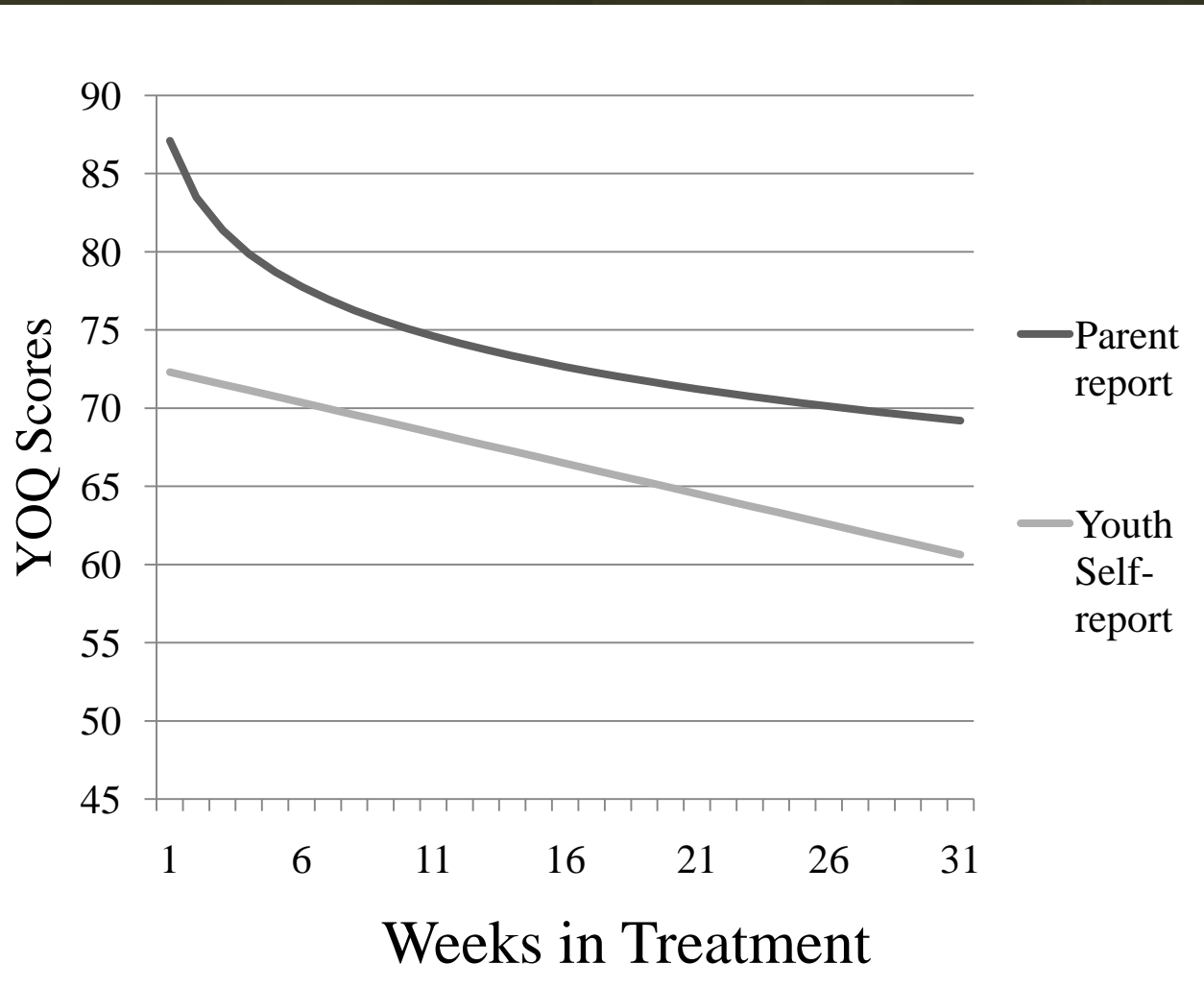
- Ideal for modeling change both within and between individuals
- Numerous advantages over traditional GLM methods like RM ANOVA
- Accounts for correlations due to repeated measures and therapist effects
- Flexibly handles missing data and variation in intervals of data collection

Results

- Is there a “typical” pattern of symptom change in children and adolescents?

	Estimate	SE	<i>p</i>
YOQ Parent Report			
Fixed Effects			
Intercept	87.10	2.21	<.001
LNWKS	-5.21	0.79	<.001
YOQ Youth Self-Report			
Fixed Effects			
Intercept	72.30	3.16	<.001
Weeks	-0.39	0.16	0.020

Child/Adolescent Symptom Change Trajectories

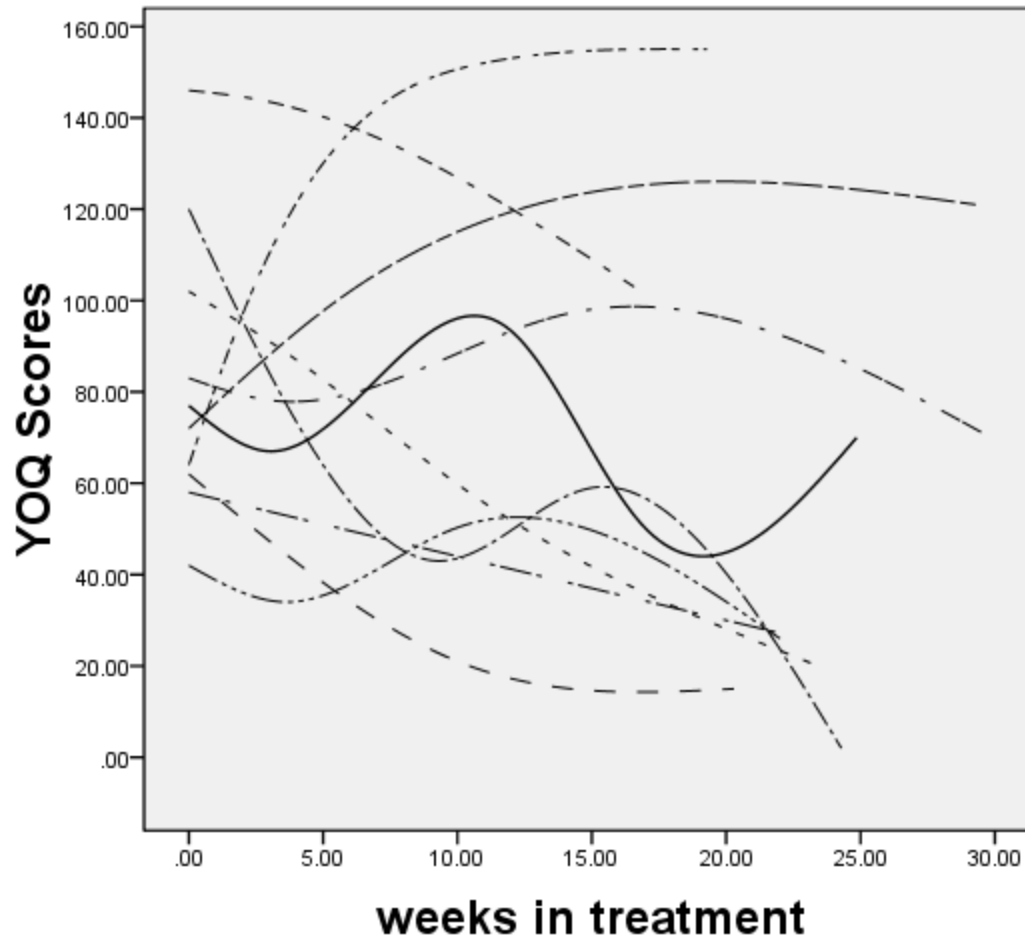


Results (cont.)

- Is there significant variation in patterns of change across individuals?

	Estimate	SE	<i>p</i>
YOQ Parent Report			
Fixed Effects			
Intercept	923.68	114.21	<.001
Slope	46.09	0.03	<.001
YOQ Youth Self-Report			
Fixed Effects			
Intercept	808.54	163.37	<.001
Slope	0.27	0.32	0.408

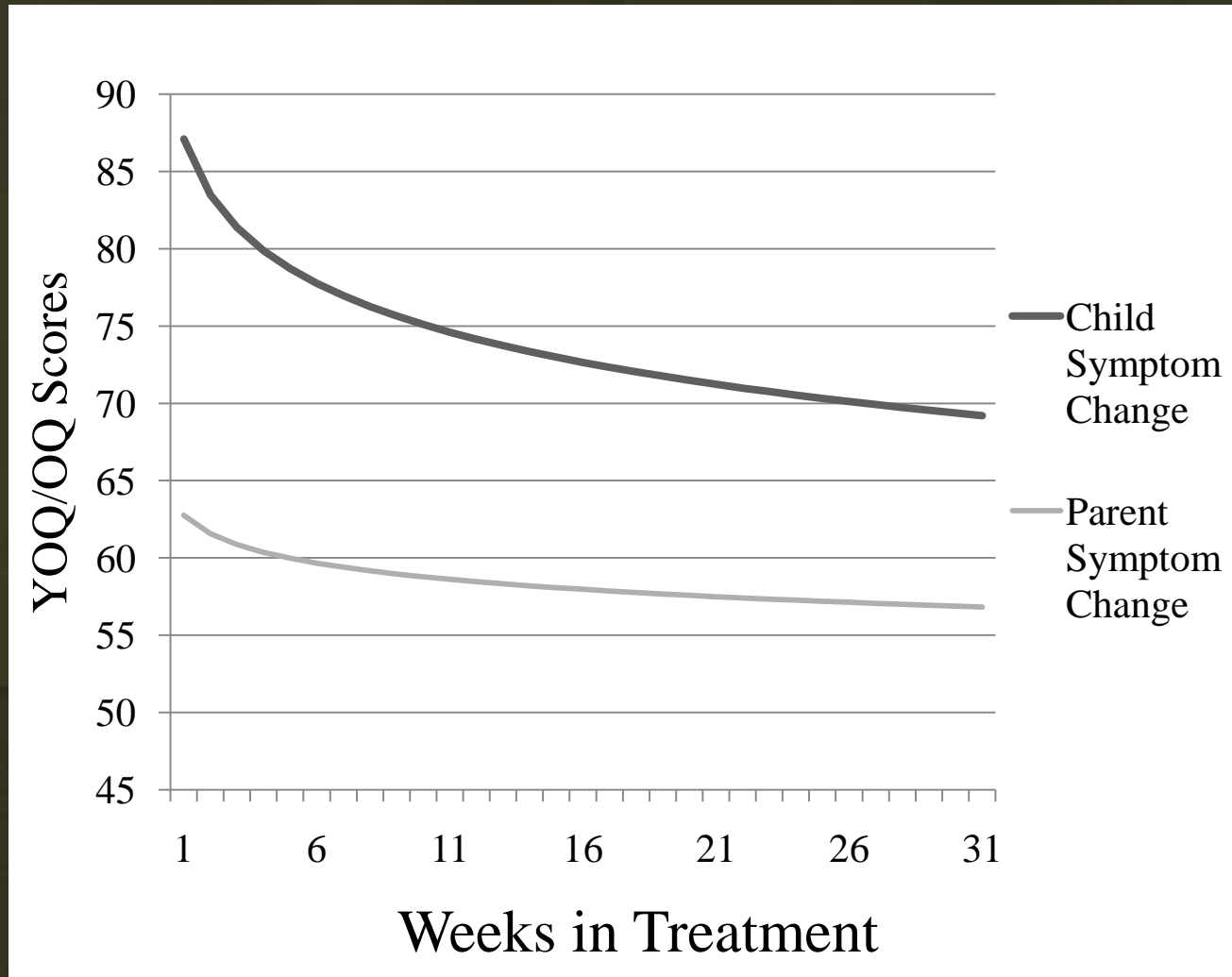
Individual Variation in Change Trajectories



Results (cont.)

- Change in several covariates over the course of treatment was associated with improved symptoms:
 - Youth Self-efficacy
 - Youth Hope
 - Youth Social Support
 - Parent Symptoms
 - Parent Stress
 - Parenting Self-efficacy

Example: Covariance of Child and Parent Symptom Slopes



Limitations

- Lack of control group in this usual-care setting restricts conclusions about the effects of services provided
- Formal tests identifying mechanisms of change were not possible, but results provide evidence for processes that warrant further inquiry

Applications for Clinical Practice

- Attention to important predictors of change in therapy is likely to improve outcomes
- Enhancing treatment planning
- Providing therapists with regular feedback on client outcome and covariates of change can improve clinical decision-making

“Exhortations” for Researchers

- Increase frequency of data collection points to allow for testing of various patterns and mechanisms of change
- Use of HLM to examine change processes and address unique questions and challenges in longitudinal outcome studies
- Inclusion of potential mediators in treatment efficacy studies



(Nod to MCR)