

1 OUTCOMES 014

2 ABSTRACT

Successive 12 month BCFPI profiles, from date of first service, during or after service, to monitor symptoms, functioning, impact of service and satisfaction with service. This is an outclient clinic, in regional children's hospital in Vasterås Sweden. Family Interventions are the main service provided, and ~ 40% of services follow an analytic model.

Child and adolescent psychiatric patients are screened with BCFPI before first visit at the outpatient clinic and re-interviewed 12 months after the first visit. The patients are representative for a medium size Swedish city with rural area surrounding. All psychiatric conditions are seen, except for eating disorders, who are attended at a separate unit.

2.1 ABSTRACT DATE / UPDATE

Nov 2 2004; May 2005

3 SERVICE TYPE

Outpatient clinical treatments based on family therapeutic - network approaches, psycho-educative counseling and psychodynamic therapy working with feelings and emotions individually and in a family setting. Neuropsychiatric approaches and pharmacological treatment are also considered and used.

4 SERVICE DESCRIPTION

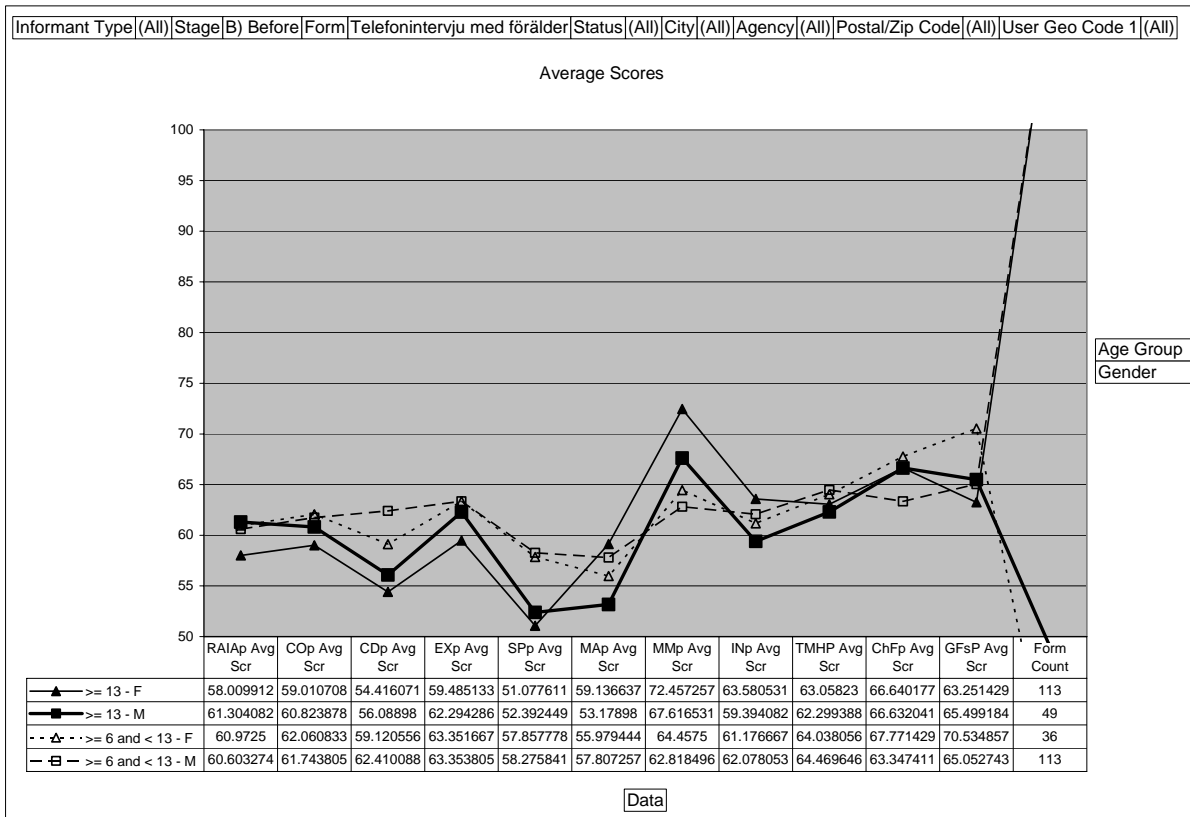
- Network therapeutic approaches
- EMDR
- Cognitive style therapy
- Neuropsychiatric investigative procedures
- Pharmacological treatment

5 AGENCY CONTEXT: REFERRAL TYPES AND VOLUMES (Nov 2004)

During the 12 month period ending Oct. 1 2004, 310 referrals, 197 admissions and 44 discharges were recorded in the agency's BCFPI data base. 16 cases were closed without service. On Oct 1, 109 cases were waiting an average of 104 days for service and 154 cases continuing service had been in treatment for an average of 5 months.

The figure below shows average scores for the Sept 03- Oct 04 referrals: 113 teen females, (36%), 49 teen males (16%), 36 pre-teen females (12%) and 113 pre-teen males (36%)... teen females and pre-teen males are most prevalent.

Pre-teens tend to have higher Conduct scores; Teens (esp. females) higher internalizing scores; family difficulties are somewhat higher with pre-teen females.



6 OUTCOMES SAMPLE TARGET

The primary sample goal (starting **May 2004**) is to obtain measures at 12 month intervals, whether in treatment, at end of treatment or after end of treatment, on 50 – 60 successive cases reaching this 12 month interval after admission. The secondary goal is to conduct 2nd 12 month measures on these same cases, after the initial 12 month Post measures.

7 DATA GATHERING POINTS AND METHODS

Measures are to be taken every 12 months after admission for all cases.

8 START DATE MAY 2004

9 QUARTERLY UPDATES

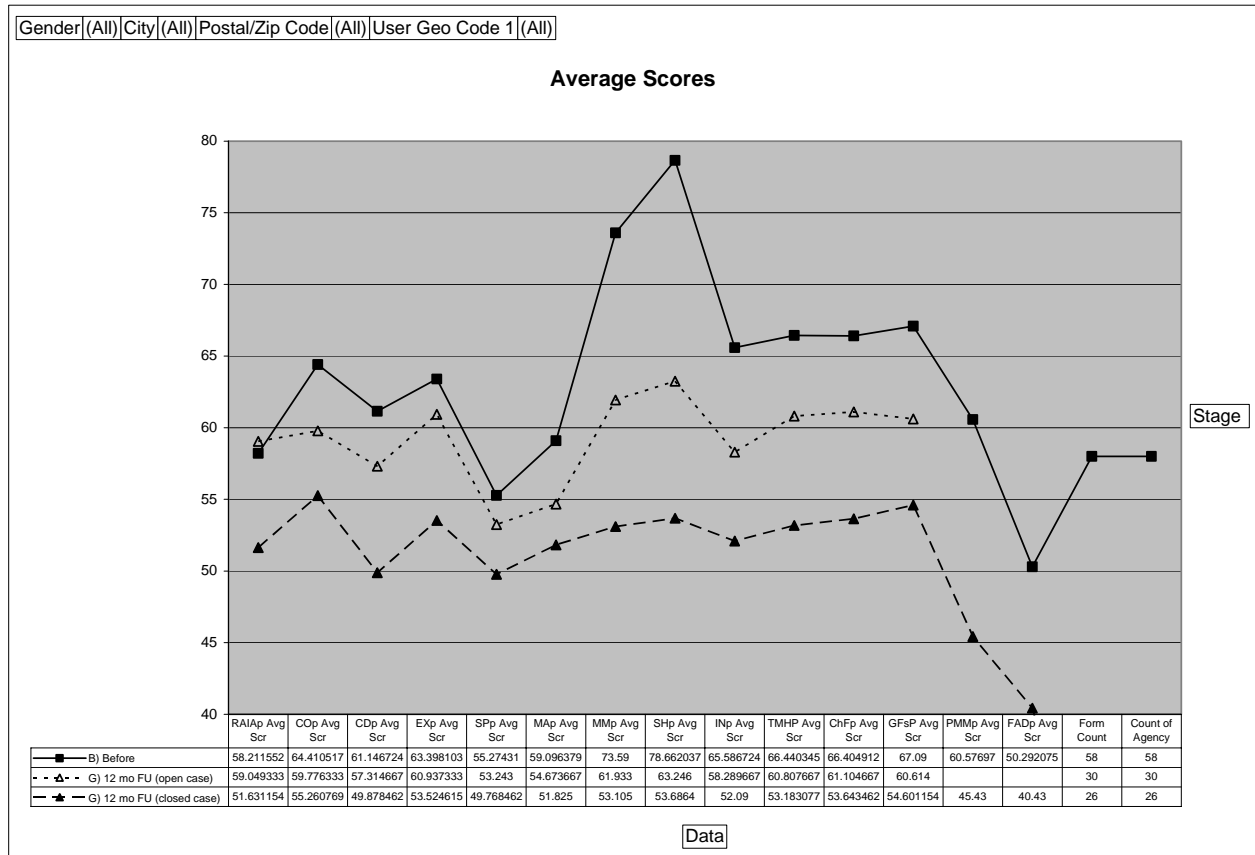
9.1 UPDATE, MARCH 2005

9.1.1 SAMPLE STATUS, MARCH 2005

- 59 cases had been admitted 12 months or more prior to March 1 2005, and hence should have had 12 month post-admission follow-up forms.
 - **53 of these cases had 12 month follow-up forms (90% of target).**
 - ***Methods note... During the initial intake interview, cases are asked to participate in a follow-up BCFPI interview 12 months, planned for 12 months after admission. Most agree and provide a phone # where they can be reached. (asked and stored in BCFPI's 7th readiness question). Cases are then sent a letter ~ 1 week before this 12 month post admission anniversary, reminding the client of the follow-up call discussed at Intake, indicating date, time and phone # planned for the call, and asking for a call back if that date or time not convenient. Few of these cases fail to be available or fail to provide alternate times, and when this does occur, most are resolved with 1 or 2 further calls.***

9.1.2 CHANGES IN SYMPTOMS AND FUNCTIONING

Changes in Symptoms and Functioning: 30 Continuing cases (Avg. 12.8 months after admission) and 26 Discharged cases (Average 11 months after admission and 5.0 months in service before discharge)



- This shows average Referral scores for 56 pairs of cases which also repeat measures available 12 months after referral.
- The middle dotted line is '12 month' data for 30 active cases, which were still continuing in treatment when the 12 month measure was taken (avg. 12.8 months after admission)
- The bottom dotted line is '12 month' data for 26 cases which were closed at the time of the 2nd measure. Average 11 months after admission. 5 months in service and 6 months after discharge)
- It appears that improvement starts during treatment and increases by the end of treatment.

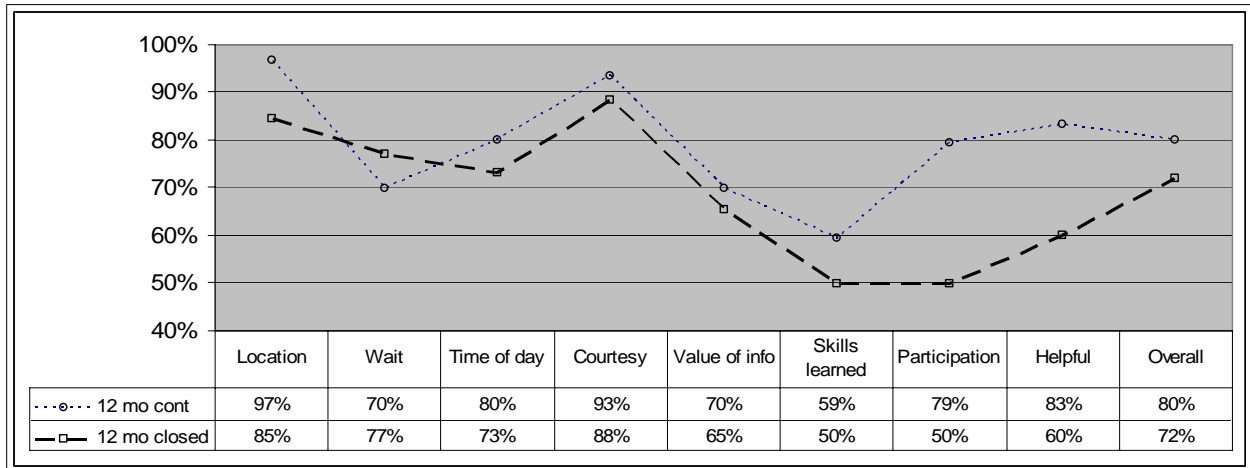
9.1.3 EFFECT SIZES

Effect size, Pairs with 'Before' =>65						
Problem Area	# of pairs	Pooled SD	Avg Bef	Avg Aft	Agency Effect Size	Literature Benchmark
Reg Attention	21	9.6	74.0	63.0	1.2	1.0
Cooperativeness	27	8.2	75.3	63.5	1.4	
Conduct	17	17.0	88.6	69.1	1.2	1.6
Externalizing	27	9.8	76.6	64.7	1.2	1.8
Seperation	14	8.8	74.4	64.9	1.1	
Anxiety	17	10.1	74.7	68.6	0.6	1.2
Mood	37	14.8	85.5	60.7	1.7	1.1
Internalizing	28	12.0	76.6	63.8	1.1	1.8
Total Mental Health	30	9.3	75.8	63.3	1.3	1.2
Child Functioning	31	11.6	75.8	60.4	1.3	
Family adjustment	30	10.4	77.1	60.5	1.6	

- This table shows effect sizes for all each problem area, amongst pairs of cases with 'Before' scores =>65 for that problem area (i.e. cases initially having a problem in the area).
- 'effect size' = ((average before) – (Average after)) / (pooled standard deviation, before and after)
- Any effect size => 0.8 is taken as 'large' and likely to be clinically meaningful; 0.5. – 0.8 is 'moderate'
- 'literature benchmark' is typical effect size for best available interventions, proven in clinical literature. (cited in BCFPI's catalogue of evidence-based interventions, at www.bcfpi.com)
 - 10/11 of this agency's effect sizes are > .0.8 (large)
 - They all compare reasonably to literature benchmarks
 - The agency seems to have the best impact on mood problems, which is one of its primary admission and treatment targets
 - All of these effect sizes are based on 12 month data of continuing and closed cases combined. The graph in sec. 9.1.2 suggests that effect sizes for closed cases are likely to be considerably higher¹

¹ This can be calculated if the agency re-classifies BCFPI form 'stage' for continuing cases to 'during' and restricts '12 month follow-up' to closed cases.

9.1.4 SATISFACTION 12 MONTHS AFTER REFERRAL



- This shows the % of continuing and closed cases finding aspects of service 'good', very good' or 'excellent' 12 months after referral
- Most aspects of service were rated positively by more than 70% of cases.
- 'skills learned to help child' and 'opportunities to make decisions about service' were rated positively by only 50% of closed cases, and 60% of these reported the overall service was 'good', very good' or excellent'
 - The graph in section 9.1.2 and Effect Sizes in 9.1.3 shows large, parent-reported average reduction in symptoms, and improvement in child and family adjustment amongst these closed cases.
- Taken together, this suggests an effective service. However, it was not seen to be imparting skills or allowing for participation by ½ of the closed cases.
- The agency may want to relate its treatment model to these findings re skills and participation. These findings may be acceptable or problematic, depending on the treatment model. The treatment does seem to be very effective, as shown in sec. 3.1. and 3.2.

9.2 REVISIONS TO PLAN

- No revisions planned... outcomes and compliance are excellent.

10 FINAL REPORT

10.1 REFERRAL, DISCHARGE AND FOLLOW-UP PROFILES

10.2 CLIENT SATISFACTION UPON DISCHARGE

10.3 EFFECT SIZES FOR CASES WITH HIGH 'BEFORE' SCORES

10.4 EFFECT SIZES COMPARED TO AVAILABLE BENCHMARKS

10.5 SERVICE COST

10.6 CONCLUSIONS

11 CONTACT INFORMATION

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