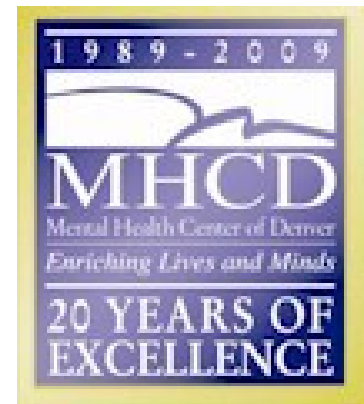# The Youth Evaluation Project at the Mental Health Center of Denver

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Limitation to Current Instruments

- Instruments designed to evaluate progress for youth seeking mental health services contain inherent limitations:
  - Lacking input/language from key stakeholder
    - youth, families, community members
  - Focus on symptom reduction
    - System of Care & Resiliency theory
  - Psychometric assessments do not match the underline theories of youth development
    - Classical Test Theory vs. Item Response Theory

Step 1: Qualitative Data Collection

- Conducted 31 semi-structured interviews regarding what helps youth "get better" with a variety of stakeholders in child and family mental health services, including:
  - 15 youth 10-19 years of age
  - 3 parents/guardians
  - 9 clinical staff (including psychiatrists, psychologists, therapists, and home-based therapists)
  - 2 teachers
  - 2 community stakeholders/ organizers

Step 2: Qualitative Data Analysis

○ Transcribed all interviews

○ Coded all of the interviews for constructs that emerged in the data among the 5 categories of stakeholders in child and family mental health.

  ● principles of grounded theory by constantly comparing and contrasting the codes within and between participant types (Nvivo)

18 Major Themes (# of References)

- Community Involvement (15)
- Empowering Families (22)
- Forming/Strengthening Relationships (26)
- Cultural Sensitivity and Competence (32)
- Establishing Belief Systems (7)
- Building on Strengths (12)
- Fostering Youth Empowerment (16)
- Youths' Goals (19)
- Having a Positive Outlook (57)
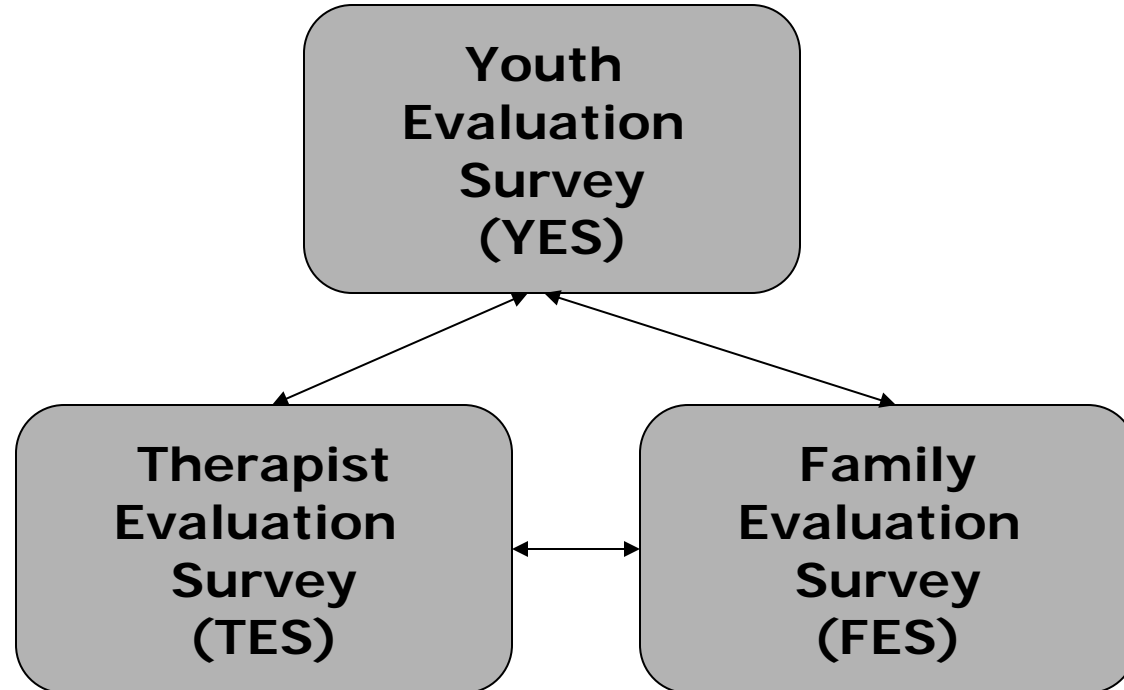
18 Major Themes (# of References)

- Internal Factors (54)
- Addressing High Risk (18)
- Learning or Increasing Education (32)
- Providing Comprehensive Services (6)
- Intra and Inter Agency Collaboration (29)
- Orienting to Treatment Needs (43)
- Actively Growing (26)
- Reducing Symptom Interference (19)*
- Service Participation (9)

* only one of the 18 themes that emerged ; therefore, surveys that focus on symptoms are missing the other 17 issues involved in treatment outcomes

Step 3: Development of Evaluation Surveys

○ Development of 3 surveys to measure youth and family outcomes (12 -18 years of age).

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                    ┌─────────────┐
                    │   Youth     │
                    │ Evaluation  │
                    │   Survey    │
                    │   (YES)     │
                    └─────────────┘
                   ↗              ↖
        ┌─────────────┐     ┌─────────────┐
        │  Therapist  │     │   Family    │
        │ Evaluation  │ ↔   │ Evaluation  │
        │   Survey    │     │   Survey    │
        │   (TES)     │     │   (FES)     │
        └─────────────┘     └─────────────┘
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Note: 2 additional surveys need to be created including provider and community level outcomes

Step 3: Development of Evaluation Surveys

- The 18 major themes (and sub-themes) were assigned to different surveys based on the frequency/saturation by the target population
  - E.g. youth participants discussed family involvement- then this was included in the youth survey
- Selected themes were assigned to the two surveys that still need to be developed (i.e., staff promoting progress survey and community assessment)

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Assignment of Themes to Surveys

Major Themes	Surveys Developed			To be Developed	
	Youth	**Family**	**Therapist**	Staff	Community
1. Community Involvement				√	√
2. Empowering Families		√	√	√	
3. Forming Relationships	√	√	√	√	
4. Cultural Sensitivity and Competency		√		√	√
5. Establishing Belief Systems	√				
6. Building on Strengths	√			√	
7. Fostering Youth Empowerment	√			√	

Assignment of Themes to Surveys

Major Themes	Surveys Developed			To be Developed	
	Youth	**Family**	**Therapist**	Staff	Community
8. Youths' Goals	√	√	√	√	
9. Having a Positive Outlook	√	√	√	√	
10. Forming Relationships	√	√	√	√	
11. Internal Factors	√		√	√	√
12. Addressing High Risk	√	√	√	√	
13. Providing Comprehensive Services			√		
14. Inter and Intra Agency Collaboration				√	√

Assignment of Themes to Surveys

Major Themes	Surveys Developed			To be Developed	
	Youth	**Family**	**Therapist**	Staff	Community
15. Orientation to Treatment Needs	√	√			√
16. Actively Growing	√	√	√		
17. Reducing Symptom Interference	√	√	√		
18. Service Participation		√	√		

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Development of Survey Items

- Used quotes from the qualitative interviews to develop survey items, which use the language of the participant completing the survey.
- For example... (from the Youth Survey)

Theme: 3d	Item #1	Item: I get along with my family It is easy to talk to my family	Not like me	Somewhat like me	Very Much Like me
	Quotes:	"I think about how much positive this is. And how much I <u>get</u> along with my family. Because me and my mom we didn't <u>get along</u>." "<u>My family is much easier to talk to</u>" "Um, me and my dad seem to <u>be getting along</u> better"			

Development of Survey Items

○ Response sets were chosen based on methodological survey research and the language used by the target population

- <u>Youth</u>: (28 items): Not like me, somewhat like me, very much like me
- <u>Family</u>: (15 items) yes/no
- <u>Therapist</u>: (16 items) different number of responses for each question
- For example: (Q1) Caregiver's Attentiveness to child's needs:
  - □ The caregiver is highly attentive to the child's needs
  - □ The caregiver is attending to the child's needs in response to significant cues from the child
  - □ The caregiver is NOT attending to the child's needs
  - □ The caregiver is not involved.

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Step 4: Pilot Testing of Surveys

- 4a. Developed scannable, on-line, and paper/pencil version of the surveys

- 4b. Conducted a participant check of the surveys
  - For example, a group of youth reviewed a version of the survey and make suggestions

Step 4: Pilot Testing of Surveys

- 4c. We are currently conducting a pilot test of surveys on selected service teams
- Complete the surveys every 2 months
  - Majority of treatment changes occur in first 6 months
  - Three time points increases the reliability of evaluation of growth/change in latent traits

Step 5: Conduct Psychometrics

- Rasch Modeling Techniques, which estimates:
  - Person/item reliabilities and model fit
    - Reduce the number of items
  - Item difficulty
    - provides construct validity with item/person map
    - can be used for training/goal setting
  - Item information
    - Determines how well we can score individuals at different levels of progress
- Concurrent and predictive validity with other youth evaluation measures
- CFA to provide additional construct validity

Step 6: Conduct Analysis & Feedback System Development

- Use advanced modeling techniques (LGCM & HLM) to look at:
  - Similarities and differences in trajectories of growth (Does a youth's opinion of family involvement change similar to a therapist opinion, or their families' opinions?)
  - Predictor of changes in growth (What contributes to an increase youths' progress?)
- Use the findings to provide additional training to promote growth
- Develop an integrated system that provides therapist with user-friendly, real-time reports to help guide therapeutic growth
  - Similar to our adult recovery measurement system

Questions?????

- For a copy of this presentation, go to http://www.outcomesmhcd.com/

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