

Rosenblatt, A., & Rosenblatt, J. A. (2002). Assessing the effectiveness of care for youth with severe emotional disturbances: Is there agreement between popular outcome measures? *The Journal of Behavioral Health Services & Research*, 29(3), 259-273.

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Monitoring outcomes for youth with emotional or behavioral problems has become increasingly important for service providers who strive to improve youth services and comply with program accountability. However, outcomes measurement is a complex process that often includes determinations about a youth's symptoms and his or her ability to function in daily life. As Data Trends #25 shows, there are theoretical problems with the measurement of functioning; Canino et al. remark that "the area under the label 'functional impairment' is wide and poorly bounded" (p. 94), and they suggest that some measures may capture the construct of functioning in "real world" settings, while others may be more appropriate for research settings¹. The authors of the current article found that outcomes can vary to a considerable degree, depending upon the instrument used to measure symptomatology and functioning. Rosenblatt and Rosenblatt's findings "raise questions regarding translating measures from research settings to clinical environments and reconciling differences between outcomes measures" (p. 259).

According to Rosenblatt and Rosenblatt, some child-serving agencies are using measures of functioning to determine whether youth are improving, and others are measuring symptomatology. The Child and Adolescent Functional Assessment Scale (CAFAS), and the Child Behavior Checklist (CBCL) along with its related measure, the Youth Self-Report (YSR), are two measures currently used to assess youth outcomes. The authors correlated the different perspectives captured by the CAFAS, CBCL, and YSR (i.e., of the clinician, caregiver, or youth, respectively) to see how they are related. They found that relationships between these measures for clinical diagnosis and functioning were weaker in the current, real world study than they were under controlled studies reported in the literature. Furthermore, there was little agreement between scales on youth improvement.

Demographic data and clinical diagnoses were gleaned from county management information systems. The initial sample included 3,008 youth from six county-based system of care sites in California. Of this group, most youth (64%) were male, and the mean age at intake was 12.5 years. Over half of the youth were Anglo American (61%), and the second largest group was Latino (21%). The most common diagnosis was for mood and affective disorders (27%), followed by Attention Deficit Hyperactive Disorder (ADHD; 15%). Between 1994-1998 the CAFAS, CBCL, and YSR were administered at intake and at six-month intervals until discharge. For various reasons, follow-up sample sizes were reduced considerably, but demographic characteristics generally remained the same.

Correlations between the CAFAS Total score and the CBCL Total Problems score at intake were low to moderate (.220). The CAFAS Total score correlated more highly with the CBCL Externalizing scale (.226) than with the CBCL Internalizing scale (.163). The highest correlations were between the CBCL Externalizing scale and the CAFAS Role Performance and Behavior Toward Others scales (.327, .296 respectively); these CAFAS scales, including Moods/Emotions, also correlated highly with the CBCL Internalizing scale (.297). Although the correlation between the YSR and CAFAS Total Problems score was low (.238), the YSR Internalizing scale correlated more highly with the Moods/Emotions (.270) and Thinking (.127) subscales on the CAFAS than with any other CAFAS subscale.

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Outcome data for the CAFAS and CBCL were available for 844 youth, and YSR data were available for 406 youth (age 11 or over). Using the Reliable Change Index, the authors categorized outcomes according to: (a) positive change, (b) no change, or (c) negative change. In general, youth showed improvement on all three measures², and the CAFAS and CBCL agreed on the outcomes of 43% of the youth. The CAFAS was more likely to show improvement than the CBCL. When measured by the CAFAS, 49% of youth improved, compared to 35.1% on the CBCL, and 23% on the YSR. The CAFAS found that 12% of youth got worse, and the CBCL showed 13.7%. Thirty-nine percent of youth were identified by the CAFAS and 51.2% by the CBCL as making no change. Finally, the CBCL and YSR agreed on the outcomes of youth almost half (47%) of the time. The CAFAS and CBCL tended to indicate more positive change than did the YSR.

The authors note that numerous studies have been conducted on the interrelationships between the CAFAS and the CBCL, but that they were conducted under controlled settings. In the current study, youth, clinicians, and caregivers were interviewed in real world settings, and as a result, their findings may be related to administrative and other differences between raters at the everyday level. Yet the goal of this research was to “bridge the gap between efficacy and effectiveness research,” (p. 261), and the finding that these scales show less correlation in the real world than at the level of the laboratory has numerous research implications. These results raise important questions about the use and interpretation of data, and may create problems for service delivery providers, administrators, and policy makers due to the lack of agreement on outcomes. For example, “the proportion of youth who show improvement could range from 20% (agreement of positive change on both CBCL and CAFAS) to 66% (positive change on either the CAFAS or CBCL)” (p. 270). This degree of discrepancy can have “serious operational and policy consequences for a care system” (p. 270).

Notes

¹ Canino et al. discuss the CAFAS and CBCL in this literature review and, with regard to measuring functional impairment, each are shown to have both strengths and weaknesses.

² The authors note that a future article will provide more detailed information on the outcomes of these youth.

References

[Data Trends #25] Canino, G., Costello, J. E., & Angold, A. (1999). Assessing functional impairment and social adaptation for child mental health services research: A review of measures. *Mental Health Services Research* 1(2), 93-108.