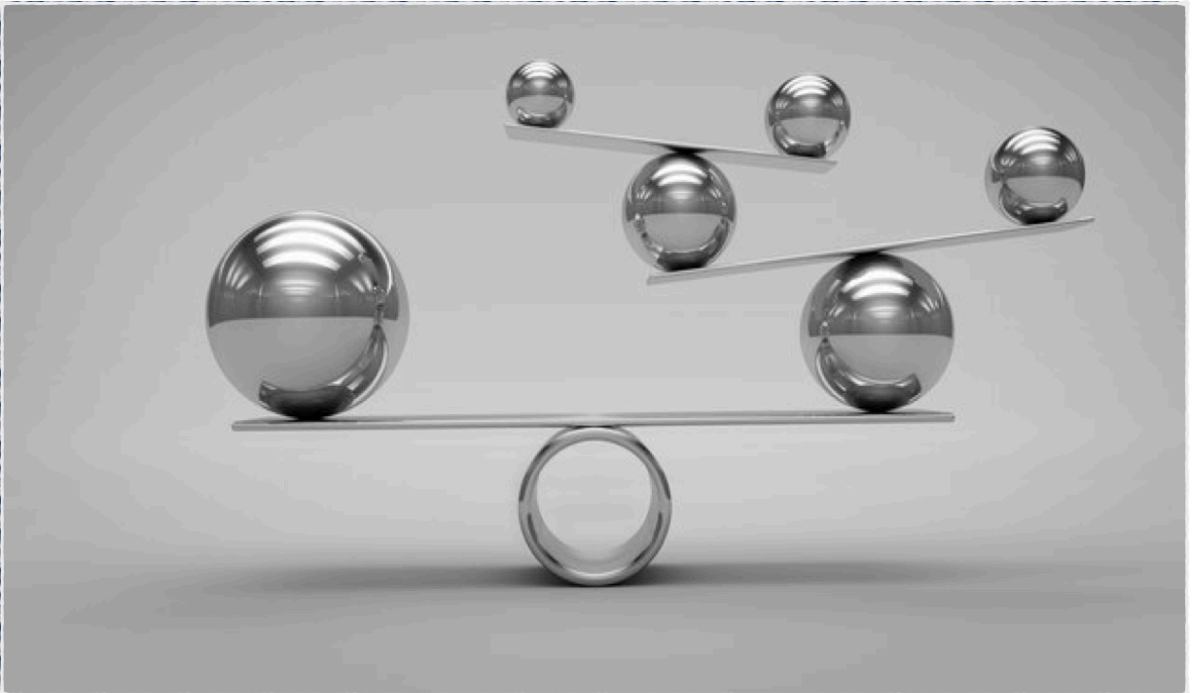



# EXAMINING OUTCOMES FROM AGENCY TO INDIVIDUAL: THINKING CRITICALLY ABOUT MAKING THE MOST OF YOUR DATA

ASKING BETTER QUESTIONS, USING BETTER DATA, DRIVING BETTER DECISIONS

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ACRC Board  
Associate Professor of Clinical Psychology



# INTRODUCTION

- Started working in Psychiatric Inpatient (1988)
- Started working in Residential Treatment (1993) – clinician & administrator
- Private practice – 20 years
- Started teaching (2009) – evidence-based treatments for youth, child / adolescent psychopathology, pediatric psychopharmacology, foundations in research & practice
- Adolescent Subjective Experience of Treatment (ASET) study
-  **VitalChild** To learn more visit:  
<https://vitalchild.solutions/>

# SOME OF THE BASICS

## ■ Reliability

- “Reliability refers to the extent to which a scale produces consistent results, if the measurements are repeated a number of times.”
- *A couple examples:*
- **“Test-Retest:** Respondents are administered identical sets of a scale of items at two different times under equivalent conditions. The degree of similarity between the two measurements is determined by computing a correlation coefficient. The higher the correlation coefficient in reliability analysis, the greater the reliability. Test-Retest Reliability is sensitive to the time interval between testing.
- **Inter Rater Reliability:** Inter rater reliability helps to understand whether or not two or more raters or interviewers administrate the same form to the same people homogeneously. This is done in order to establish the extent of consensus that the instrument has been used by those who administer it.”

## ■ Validity

- “Validity refers to the extent that the instrument measures what it was designed to measure. In research, there are three ways to approach validity and they include content validity, construct validity, and criterion-related validity.
- *A couple examples:*
- **“Content validity** measures the extent to which the items that comprise the scale accurately represent or measure the information that is being assessed.”
- **“Construct validity** is used to determine how well a test measures what it is supposed to measure. In other words, is the test constructed in a way that it successfully tests what it claims to test?”

# USING RESEARCH TO GUIDE YOUR STRATEGIES

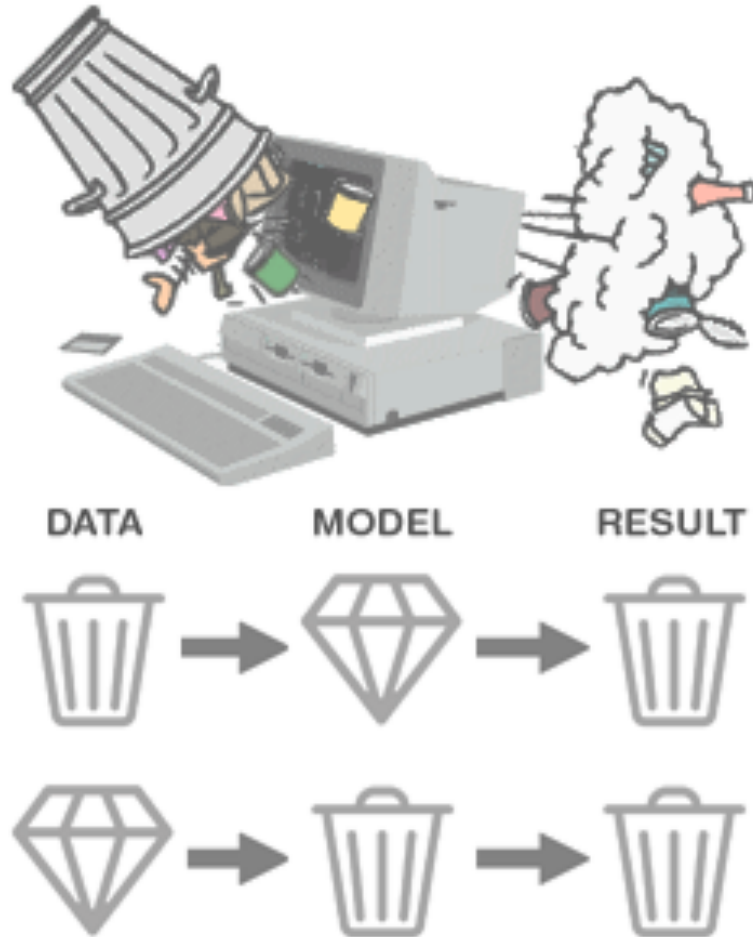
- **Size Matters?**
- **Meta-Analysis** – integrating / combining many previous studies to establish a broad understanding of effect across a large sample
- **Randomly Controlled Trials** – comparing an experimental group to a control group to determine the effects of an intervention
- **Case Studies** – may be a study examining the utilization of an intervention on a very small sample – even just one individual

- **“Effect size** is a quantitative measure of the magnitude of the experimenter **effect**. The larger the **effect size** the stronger the relationship between two variables. You can look at the **effect size** when comparing any two groups to see how substantially different they are.”

- <https://www.simplypsychology.org/effect-size.html>

Relative size	Effect size	% of control group below the mean of experimental group
	0.0	50%
Small	0.2	58%
Medium	0.5	69%
Large	0.8	79%
	1.4	92%

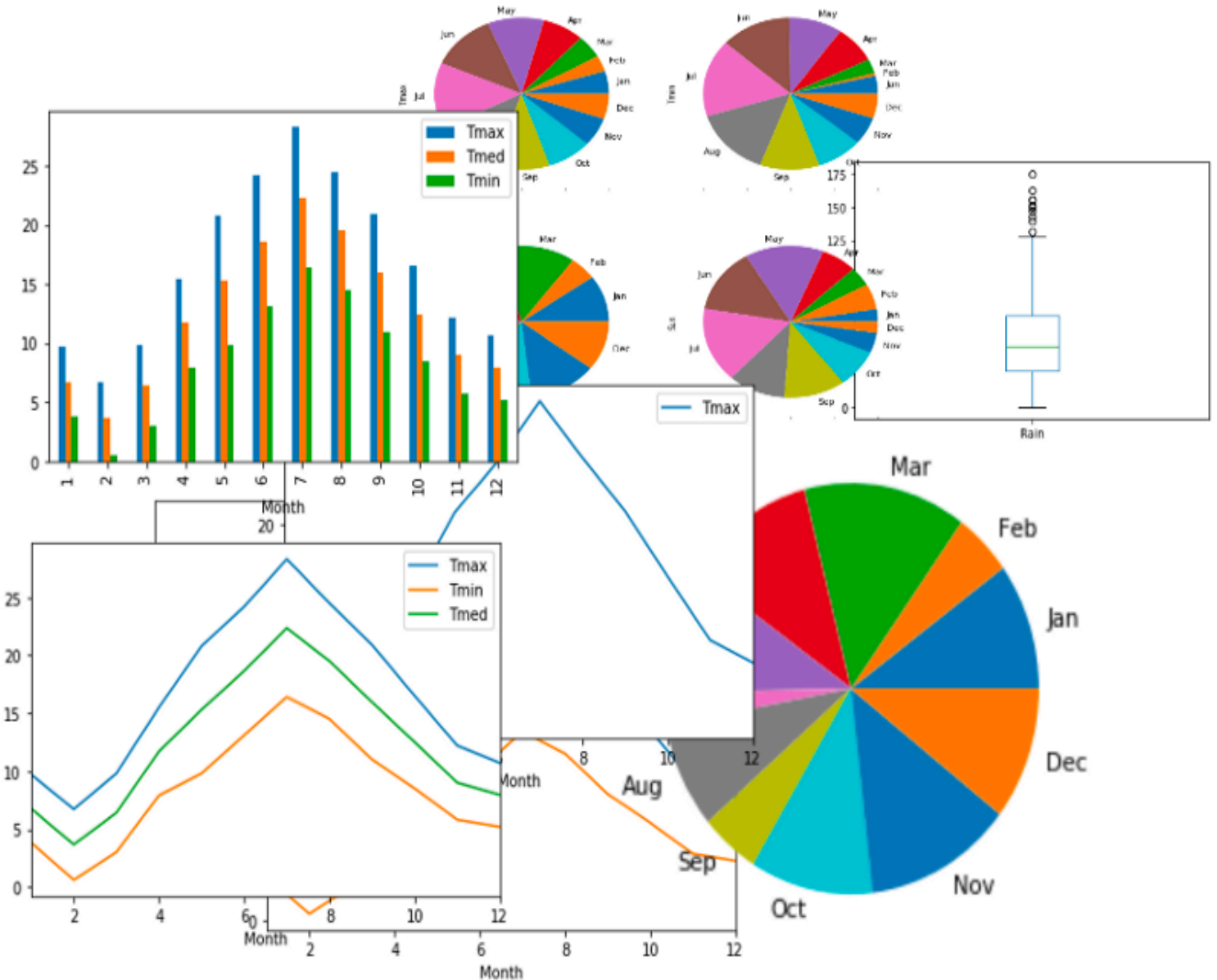
# GARBAGE IN, GARBAGE OUT



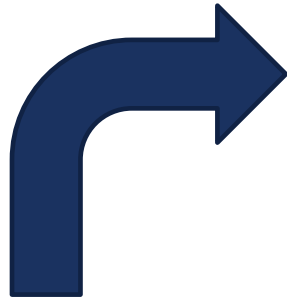
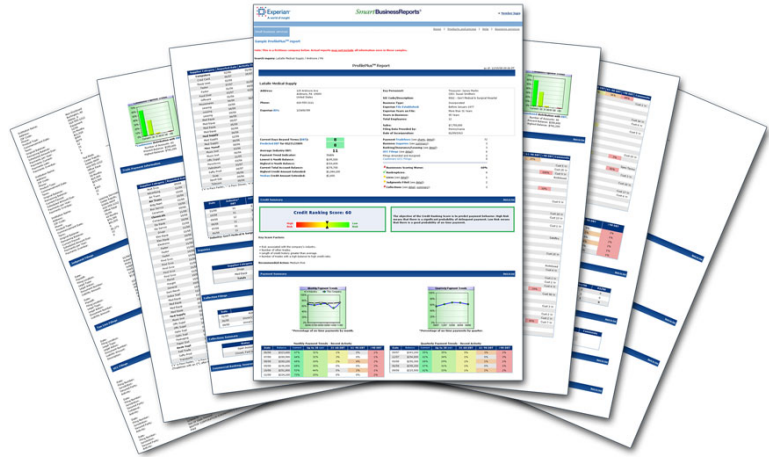
- The quality of data will influence the quality of the conclusions you make.
- Thus, the quality of data will influence the actions you take.
- The actions you take will influence outcomes.

# PARALYSIS BY ANALYSIS

- Too often, the data that is collected feels overwhelming or trying to make sense of it leads to paralysis in your decisions
- Collecting data should translate into Decision-making & actions
- Your data should provide you a foundation for the important indicators to:
  - Maintain a stable business
  - Maintain a safe environment
  - Produce positive outcomes for your youth & families



Who Decides  
the Data to be  
Collected?



# DATA & THE QUESTIONS YOU ASK



- Your Role determines the questions you ask of the data ...think of the differences:
  - Legislators
  - National-level administrators
  - State-level administrators
  - Agency administrators
  - Clinicians
  - Parents
  - Youth



# 30,000-FOOT VIEW THINK OF NATIONAL OR STATE LEVEL



- **Comprehensive Child Welfare Information System (CCWIS) strategies**
- **Family First Prevention Services Act (FFPSA)**
- **Trauma Informed Care for Children & Families**
- Reporting large datasets (e.g.AFCARS)

# 30,000-FOOT VIEW

## THINK OF NATIONAL OR STATE LEVEL

- National data collection is driven toward:
  - Understanding trends
  - Reviewing utilization patterns, diagnostic trends, treatments, funding
- Challenges include:
  - National trends may not reflect your area
  - Services that may influence trends may not be available in your area (e.g. Chicago versus Bozeman, MT)
- Taking the lead on large initiatives, but relying on clinical & pragmatic judgment



# EVIDENCE-BASED TREATMENTS

Relative size	Effect size	% of control group below the mean of experimental group
	0.0	50%
Small	0.2	58%
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- **FFPSA, California Clearinghouse**
- Establishing an evidence-based treatment is based on *effect size*
- If an intervention achieves an effect size of 0.5, it means that the intervention outperformed the control condition in approximately 70% of participants. However, that also means ***almost a third*** did not outperform the control condition.
- This is true for psychotherapy, medications, etc.,...
- MOREOVER, the advantages that are often observed in the short-term are not sustained **over time**. This is particularly true in medication studies. This translates to the benefits not being 'durable.'

# AGENCY LEVEL DATA

- Many Performance Indicators, such as:

- Safety

- Number of restraints
    - Number of aggressive incidents

- Staff Turn Over

- Bed Capacity/Placements

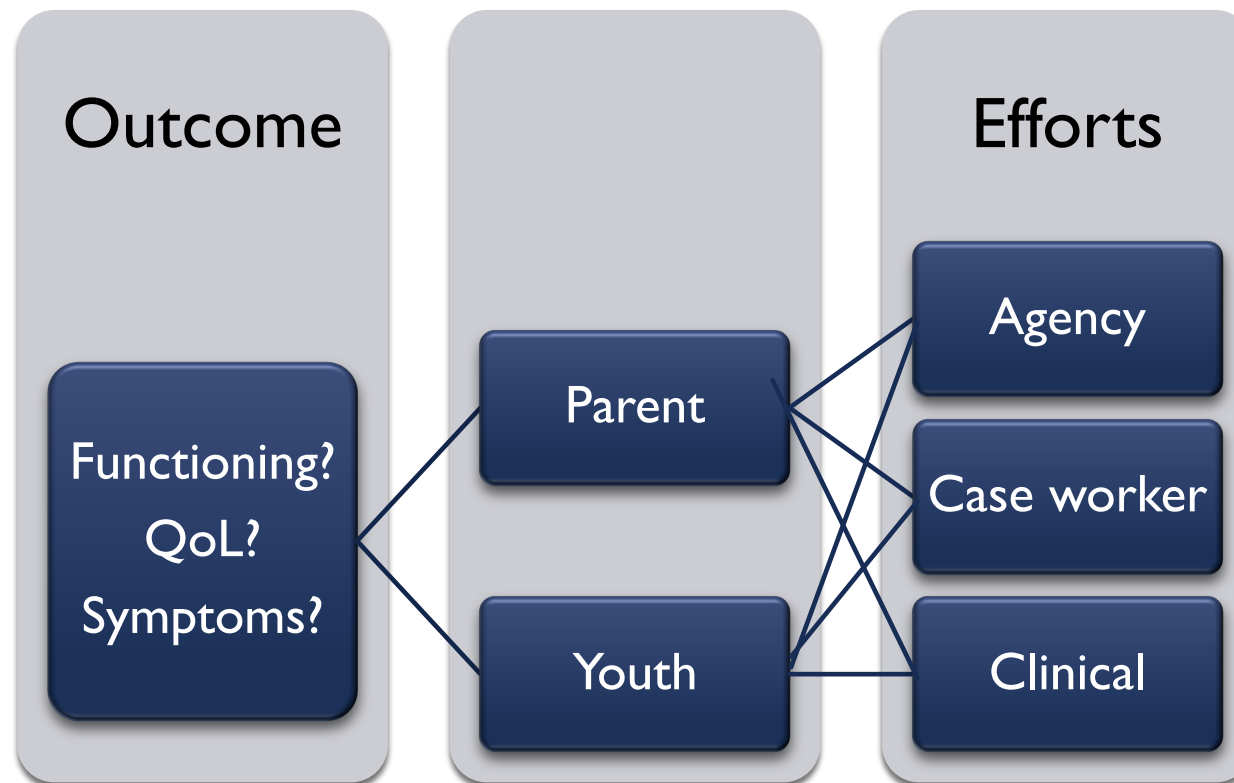
- Unusual Incidents

- Budget / Overtime


- Timing Matters!

- Data Collection – Reporting – Analysis - Action

SIMPLE...BUT NOT.



# THINK SYSTEMICALLY ABOUT YOUR DATA COLLECTION

- Establish what is required (state, accreditation, etc.)
- Appreciate the burden of reliable data collection
- Try to identify data points that can be used across the different requirements & needs
- Explore strategies to automate some data collection
  - Even auto-fill functions can reduce the time demands
- Pay attention to the technology initiatives in your state (e.g. CCWIS)
  - States will be implementing technologies for their case workers
  - Some systems (e.g.  **VitalChild** ) will enable service providers to contribute to the overall data system.

# CONTACT!

- I'd be happy to have additional discussions!
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- Phone: 847.518.9546