

Predicting Patient Deterioration in Youth Mental Health Services: Community Mental Health vs. Managed Care Settings

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Objective: To examine differences across a community mental health system and a private managed care system in the accuracy of a warning system designed to identify youth at risk for deterioration in mental health services. *Design:* Longitudinal outcome data from the Youth Outcome Questionnaire (Y-OQ) were examined using multilevel modeling for 2,310 youth ages 4–17 who received outpatient treatment. *Results:* The warning system correctly identified 69% of cases that ultimately ended in deterioration in the community mental health setting, compared to 61% in the managed care setting. The overall hit rate (overall accuracy in classifying cases as deteriorators/non-deteriorators) was the same in the two settings (75%). *Conclusions:* Results are consistent with previous research demonstrating that patient-focused warning systems can be reasonably accurate in identifying youth cases at risk for treatment failure. © 2011 Wiley Periodicals, Inc. *J Clin Psychol* 68:24–40, 2012.

Keywords: youth psychotherapy; warning system; deterioration; treatment failure

Mental health professionals tend to be optimistic about the anticipated outcomes of their clients in treatment. Therapists very rarely expect or predict that their clients will experience deterioration—ending treatment with significantly worse symptoms than when they began (Hannan et al., 2005). This optimism, however, stands in contrast to observations from the treatment outcome literature indicating that a significant proportion of clients—approximately 5%–10% in adult studies—appear to get worse over the course of treatment (Lambert & Ogles, 2004; Lilienfeld, 2007; Mohr, 1995). Deterioration rates for children and adolescents served in community mental health settings appear to be particularly high, in some settings exceeding 20% (Warren, Nelson, & Burlingame, 2009; Warren, Nelson, Mondragon, Baldwin, & Burlingame, 2010). Labeled in various contexts as treatment failures, deteriorators, or not-on-track clients (Lambert & Ogles; Lilienfeld; Lambert, Whipple, Bishop, Vermeersch, Gray, & Finch, 2002), such cases have historically received little attention in treatment outcome research (Barlow, 2010; Lilienfeld). Of related concern is the high frequency of premature termination in treatment, estimated to range from 40%–60% of all cases (Kazdin, 1996; Wierzbicki & Pekarik, 1993). What can be done to reduce the frequency of deterioration and premature termination in youth mental health services?

The “patient-focused” research paradigm (Howard, Moras, Brill, Martinovich, & Lutz, 1996) is well-suited for examining issues of deterioration and premature termination in mental health services. Patient-focused research is an approach complementary to treatment efficacy and effectiveness research paradigms. Treatment efficacy and effectiveness paradigms address the question, “What is the average group response to this specific intervention?”;

The cases used in this study were drawn from the same archival database used in a related study: Warren, J.S., Nelson, P.L., Mondragon, S.A., Baldwin, S.A., & Burlingame, G.M. (2010). Youth Psychotherapy Change Trajectories and Outcomes in Usual Care: Community Mental Health Vs. Managed Care Settings. *Journal of Consulting and Clinical Psychology*, 78, 144–155.

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