



NATSAP RESEARCH AND EVALUATION NETWORK

Project Description

I. Introduction

The National Association of Therapeutic Schools and Programs' (NATSAP) Research Committee, chaired by John Santa, Ph.D., Montana Academy, is working with Dr. Michael Gass and graduate student Ryan Zelov at UNH to develop and manage a data collection network designed to allow for maximum participation by NATSAP member programs. The hope is to create a deidentified aggregate database while also allowing programs to utilize their own data for treatment planning and quality improvement. The plan is for the majority of the network's data gathering to be conducted through a web-based application provided by www.outcometools.com

II. Research Aims

- Collect aggregate outcome information that will help NATSAP communicate the nature and quality of member programs' work to stake holders.
- Allow programs access to their own data for purposes of quality improvement and treatment planning.
- Organize the data into an archival database that can be accessible for approved additional research projects.

III. Research Protocol

1. Overview

The network will collect data from member programs' students or clients, their parent(s) or guardian(s), as well as from program staff. Each program will have a Program Research Coordinator who will manage the study at their site. When a student or client and their family are admitted to a participating program, they will be given the opportunity to consent/assent to being part of the study.

2. Protocols

Program Research Coordinator (PRC):

- The PRC will make sure their program has filled out the NATSAP program survey at (<http://www.surveymonkey.com/s.asp?u=417142383590>).
- The PRC will then assure that each admitted student/client is registered in their program's OutcomeTools system (web-based but program specific). *It is strongly recommended that the registration of new clients into the system take place as part of the program's standard admission process.* This registration will include basic demographic information and will trigger automatic notification of the parents through e-mail.



- The PRC will assure that the study is presented accurately to the students/clients and their parents (utilizing the consent/assent forms to aid in this process).
- At Admission, Discharge and Post-Discharge, the PRC will make sure students/clients and their parents/Guardians have access to the questionnaires and assessments due at these times. (The OutcomeTools system will be very helpful for this.)
- PRC will also use the OutcomeTools system to make sure that upon discharge, additional student information will be entered (length of stay, reason for discharge, etc.)
- Throughout the study, the PRC will follow up with parents and clients/students who have not completed necessary forms.

Clients/students: The clients or students enrolled in the school or program that are 11 and older and deemed by the PRC along with program staff to be able to provide self-report information will fill out age appropriate forms at admission, discharge and twelve months post-discharge. These will include an age appropriate NATSAP questionnaire as well as assessment forms from the OQ family of standardized instruments. The first two data collection times (i.e., admission and discharge) will occur at the program and the follow-up collection will occur wherever the client can be located 12 months after discharge. Whenever possible, online data entry will be utilized. When this is not possible, paper versions of the forms generated by the OutcomeTools site can be used. If paper-based protocol is required at post discharge, forms generated from the OutcomeTools site will be mailed with a self-addressed return envelope. The PRC will coordinate this effort.

Parents/Guardians: The parents or guardians of students or clients enrolled in the school or program will fill out age appropriate forms at admission, discharge and twelve months post-discharge. These will include a NATSAP questionnaire as well as assessment forms from one or both of the OQ and ASEBA families of standardized instruments. Whenever possible, online data entry will be utilized. When this is not possible, paper versions of the forms will be used. If paper-based protocol is required, forms generated using the OutcomeTools site will be mailed to parents with a self addressed return envelope. The PRC will coordinate this effort. Figure 1 outlines this study protocol.



Figure 1.
NATSAP Research and evaluation Network Outcomes Study¹

	Time 1 : Admission/Initial	Time 2: Discharge	Time 3: 1 Year post- discharge
Youth or Adolescent	<ol style="list-style-type: none"> 1. Assent or Consent Form 2. NATSAP Youth or Adolescent Initial Questionnaire 3. Y-OQ-SR 	<ol style="list-style-type: none"> 1. NATSAP Youth or Adolescent Discharge Questionnaire 2. Y-OQ-SR 	<ol style="list-style-type: none"> 1. NATSAP Youth or Adolescent Post-discharge Questionnaire 2. Y-OQ-SR
Parent(s)/Guardian(s)	<ol style="list-style-type: none"> 1. Consent Form 2. NATSAP Parent/Guardian Initial Questionnaire 3. Y-OQ 	<ol style="list-style-type: none"> 1. NATSAP Parent/Guardian Discharge Questionnaire 2. Y-OQ 	<ol style="list-style-type: none"> 1. NATSAP Parent/Guardian Post discharge Questionnaire 2. Y-OQ
Program Staff	NATSAP Staff entered info at Admission Questionnaire	NATSAP Staff entered info at Discharge Questionnaire	

3. Assessment Instruments

As figure 1 indicates, the NATSAP Research and Evaluation Network will collect programmatic, client background/demographic information as well as standardized psycho-social assessment. In addition to the program information surveys posted at SurveyMonkey.com, the NATSAP Research and Evaluation Network will collect individual client and client-family demographic data through the use of NASTAP-specific questionnaires. In addition to age and gender, these forms will ask clients and their parents and/or guardians to address additional issues such as substance abuse, school performance, and investment in their work with the program. In addition to these customized measures, the project will also utilize both the Outcome Questionnaire Family of Instruments (OQ).

Specifically, the network will seek to collect psycho-social client information from multiple sources through the use of Y-OQ-SR with youth ages 11 to 19 and the Y-OQ with all parents and collateral professionals (¹Burlingame *et al.*, 1996; M. G. Wells *et al.*, 1999). These instruments assess a variety of behavioral and emotional problems.

¹ Although this represents the IRB approved NATSAP Research and Evaluation Network Outcomes Study protocol, the hope is to design the network to allow programs to add additional measures and/or assessment times as they see fit.



The OQ assessments are well known normed tools that have documented validity and reliability. The OQ instruments have been developed recently. They have published validity and reliability, correlate with the Auchenbach System of Empirically Based Assessments (ASEBA), and may potentially be more sensitive to client therapeutic change (Lambert *et al.*, 1996; Mosier, 1998; Mueller *et al.*, 1998; Umphress *et al.*, 1997; G. Wells *et al.*, 1996).

Subscales Measured by the Y-OQ²

- Interpersonal Distress (ID)
- Somatic (S)
- Interpersonal Relations (IP)
- Critical Items (CI)
- Social Problems (SP)
- Behavioral Dysfunction (BD)

4. Privacy

All electronically completed forms (including questionnaires, assent/consent forms, and standardized instruments) will be located at the OutcomeTools website in a secure format available in its identified format only to staff with pre-determined authorization to access that specific clients' information (as determined by the program's treatment planning protocols and specified when the PRC sets up their program at OutcomeTools). The data can be available to program administrators but in a deidentified aggregate format. Access to these different levels of data is managed through password dependent HIPPA compliant OutcomeTools registration procedures. Anyone who has not received specific permission by the PRC through the OutcomeTools registration process will not have access to any electronic data whatsoever.

When paper-based forms are needed, they will be from the OutcomeTools system. The data from the paper forms will be entered into the OutcomeTools system by the PRC or designated staff. This paper form will be kept on file and locked at the program. The information linking names to code numbers will be on the OutcomeTools system and thus not on file.

IV. Interpretation of Data

Interpretation of data will occur at four levels:

² From: www.oqmeasures.com

30 item versions of the Y-OQ and the Y-OQ SR are also available for use within the NATSAP Research and Evaluation Network. These shorter versions also have published reliability and validity as single global scales measuring mental wellbeing, they do not, however, break scores down into subscales.



1. OutcomeTools will generate individual clinical reports based on a client's responses to the assessment instruments utilized. This will be available to clinical staff with pre-approved access to this confidential material.
2. Program staff, with pre-approved access, will have access through the OutcomeTools system, to their program's aggregate data which they can review for quality improvement purposes.
3. UNH based research coordinators will use the de-identified data for all participating programs (the data downloaded to the UNH server) to produce organization-wide summary reports for dissemination and presentation at the NATSAP annual conference, on the NATSAP website, and in the Journal of Therapeutic Schools and Programs.
4. The de-identified data will also be available as an archival data-set for other outside researchers to access with IRB approved proposals and the permission of the NATSAP Research Committee.

V. Risks

The assessment instruments and questionnaires do bring up sensitive issues such as drug use and mental health issues. The consent/assent forms explain how program staff should be contacted if a participant needs this discomfort addressed. There are some self-harm related questions that could require mandatory reporting if the assessments are used for treatment planning purposes. Furthermore, although efforts will be made with both the PRCs and OutcomeTools to ensure the security of both electronic and paper-based data, it does seem possible, though not likely, that an error could occur.

VI. Benefits

1. Individual client treatment could be improved with the aid of reliable standardized assessment reporting.
2. Program specific outcomes can be used to improve the quality of work done at the program and thus benefit future clients.
3. Aggregate data can help NATSAP build an evidence based account of their work that can inform their stakeholders and thus help sustain the viability of higher quality programs, thus benefiting future clients.

VII. Consent and Assent

For the student or client, an introduction to the study will occur at the program through a conversation with a program staff as they go over the assent or consent form. Consent and Assent forms can be filled out at on-line or via paper copies of the forms. Parents and guardians will be notified either in person by program staff or by e-mail. They will be directed to the program's OutcomeTools website where they will have access to the consent forms. Where on-line access is unavailable for either client or family, paper assent and consent forms generated using the OutcomeTools site, will be utilized (to be administered at the program with staff or mailed home to parent or guardian). These forms will be kept on file in a locked situation at the program.

Assent and consent forms have been developed to match the potential age range of the clients in NATSAP programs: from elementary school age to over 18 years of age.

