[the square brackets contain information about writing the report]

Program Evaluation Outcome Report for River Oaks Psychological Center

[Your name]

This is report of the Program Evaluation Outcome Report for River Oaks Psychological Center outcome study. It contains the study design, the pre/post instrument used, a schedule of data collection, the results of statistical analyses, and a discussion of the results.

The Fake Diagnostic Assessment PSY605Q (FDAPQ) scale was as the pretest and then repeated as the posttest. This scale assesses the four diagnostic categories served at the Center. The scale is designed to determine the diagnostic category and the intensity of the illness. This scale was chosen for its accuracy and efficiency. If is an online questionnaire that the client can complete from any smart phone, tablet or computer. . The patient rates each item according to the scale ranging from “strongly agree” to “strongly disagree.” The scale can be found in appendix A.

The objectives of the project are to measure the effectiveness of treatment programs by assessing patient improvement. In addition to assessing the outcome of treatment the FDAPQ was utilized to help the staff with the treatment plan of the client. The pretest assessment provides diagnostic and severity information that the staff used in the treatment planning process. [maybe say what kind of treatment for each diagnostic category.] . The FDAPQ was administered at admission and then again 3 months after admission. .

The FDAPQ has good [reliability](http://www.psy605q.com/tstConstHandoutg.pdf#cronbachAlpha) and validity. The overall reliability of the instrument was established on a clinical sample of subjects was reported by [you] of \_\_ using Cronbach’s Alpha. [reliability should be reported on each subtest.]

The major outcome of the present study was a significant change in the 4 diagnostic categories. [report the 4 correlated t-tests in apa format here.] In addition to the significant t-test results the effect sizes were as follows: [report effect sizes.] [produce a graph of the 8 means].

Discussion

[discuss how the pretest data were used in treatment planning – make it up.]

[discuss the changes in each diagnostic category as a result of treatment. – a sentence or 2 on each one.]

[here is a sample from the proposal paper that I handed out.]

Figure 1 displays the means obtained from patients at admission and at six months on each of the four diagnostic subtests. This example shows that on the average, patients improved in all areas measured by the Psychological Assessment Scale. It should be noted that for the Psychological Distress (DSTRS) and Substance Abuse (SUBAB) variables, the desired direction is a decrease. T-tests conducted on each pair of means demonstrate, with the exception of Employment Functioning, that the six month follow-up ratings are consistently (and statistically significantly) better than the ratings upon admission. These results suggest that the hospital treatment is beneficial to patients by reducing their psychological distress and substance abuse, and improving their quality of life, relationships, basic skills and financial stability.

[the next analysis takes a closer look at what treatments might be impacting the outcomes.]

[here is a sample.]

Further questions to be answered by the analysis include: What is the comparative impact of individual therapy, group therapy, and medications? What is the comparative impact of the directive approaches and cognitive approaches? What are the differential effects of these two approaches on different patients? The directive approach might benefit one type of patient and be detrimental to another type of patient. The approach of the design is to test these differential effects.

[or in the case of the faked data which of the 3 treatments (trt1, trt2, or trt3) is produces the most effect?]

[in this instance we have data on the relationship (correlation – regression analysis) on the amount of treatment and outcome. In this case we will not try to adjust the treatment by chronicity.]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Correlations** | | | | | | |  | | diffBord | trt1a | trt1b | trt1c | | Pearson Correlation | diffBord | 1 | 0.19 | 0.401 | 0.076 | | trt1a | 0.19 | 1 | 0.389 | 0.028 | | trt1b | 0.401 | 0.389 | 1 | -0.031 | | trt1c | 0.076 | 0.028 | -0.031 | 1 | |  |  |  |

**The next table shows the breakdown of the relationship of each of the treatments to the borderline client. Of most interest is the “Part” correlation. There is shows that treatment TRT1B is having the most effect. Therapists may want to consider enhancing that treatment for the borderline client and minimizing the other two treatments as they seem to add no \_\_\_\_\_ to the outcome.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Coefficientsa** | | | | | | | | | |
| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Correlations | | |
| B | Std. Error | Beta | Zero-order | Partial | Part |
| 1 | (Constant) | -0.032 | 0.254 |  | -0.127 | 0.899 |  |  |  |
| trt1a | 0.007 | 0.023 | 0.036 | 0.315 | 0.754 | 0.19 | 0.036 | 0.033 |
| trt1b | 0.067 | 0.019 | 0.39 | 3.456 | 0.001 | 0.401 | 0.366 | 0.359 |
| trt1c | 0.02 | 0.024 | 0.088 | 0.842 | 0.403 | 0.076 | 0.095 | 0.087 |

**The next table shows the correlations of the three treatments studied in relationship to the Depressed client.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Correlations** | | | | | |
|  | | diffDep | trt1a | trt1b | trt1c |
| Pearson Correlation | diffDep | 1 | -0.086 | 0.131 | 0.023 |
| trt1a | -0.086 | 1 | 0.389 | 0.028 |
| trt1b | 0.131 | 0.389 | 1 | -0.031 |
| trt1c | 0.023 | 0.028 | -0.031 | 1 |

**Here again there is little relationship between the three treatments and the gain scores. Other treatments or modified treatments should be considered for these clients.**

**The next table shows the correlations of the three treatments studied in relationship to the Schizophrenic client.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Correlations** | | | | | |
|  | | diffSchiz | trt1a | trt1b | trt1c |
| Pearson Correlation | diffSchiz | 1 | 0.203 | 0.266 | 0.189 |
| trt1a | 0.203 | 1 | 0.389 | 0.028 |
| trt1b | 0.266 | 0.389 | 1 | -0.031 |
| trt1c | 0.189 | 0.028 | -0.031 | 1 |

**These correlations are within the moderate range according to Cohen and should be considered in the analysis. That is, the three treatments; TRT1a, TRT1b, and Trt1c have an impact on the gain scores of schizophrenic Clients. The R of .35 is in the “good” range according to Cohen. The Part correlations show that TRT1b is most effective and is considered significant and TRT1c approaches significance. Both should be studied to determine what the therapeutic ingredients might be.**