

Errata

Child- and Parent-reported Outcomes and Experience from Child and Young People’s Mental Health Services 2011–2015

April 2017

This document lists the revisions made to the original version of the report *Child- and Parent-reported Outcomes and Experience from Child and Young People’s Mental Health Services 2011–2015* published in November 2016.

Overview of revisions

Original report	Revised report	Reason for revision
Effect sizes calculated using all open cases above threshold	Effect sizes calculated using all closed treatment cases above threshold	Other analyses on outcomes done on closed treatment cases so this analysis was revised and ran on this sample
Dates of data included in report given as April 2011–December 2015	Dates of data included in report given as April 2011–June 2015	Although the CYP IAPT data collation and analysis project ran up to December 2015, the data themselves related to up to June 2015 so this was changed to avoid confusion
RCADS subscales, CORE-10 and YP-CORE each had minor errors in syntax underlying calculations of scores	Corrected calculations leading to small changes in sample sizes and results	Correction of typographical errors in syntax underlying calculations of scores
Average number of scales completed per child (by child and/or parent) was calculated using all above threshold closed treatment cases	Average number of scales completed per child (by child and/or parent) was calculated using all above threshold closed treatment cases with paired time 1 and time 2 data	Agreed plan was to calculate for paired time 1 and time 2 data so this analysis done to replace earlier analysis
Confidence intervals around multinomial proportions for reliable change were set at 5% limit	Confidence intervals have now been set at 95% limit, in line with other limits	Correction of typographical errors in syntax underlying calculations of intervals



Original report	Revised report	Reason for revision
Graphs in Figures 11 and 12 depicted different values to those listed in the figures	Graphs have been updated	Correction of typographical errors in graphs
Three of the measure labels in Figure 12 were not matched to the right values	Labels have been updated	Correction of typographical errors in figure

Details of revisions

Please note that specific changes are highlighted in **bold** in the 'Revised' column.

Location	Original	Revised
Page 6	The aim of this report is to share analysis of the routinely collected data related to outcomes for children seen across services taking part in CYP IAPT between April 2011 and December 2015.	The aim of this report is to share analysis of the routinely collected data related to outcomes for children seen across services taking part in CYP IAPT between April 2011 and June 2015.
Page 10	Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) (April 2011 to Dec 2015).	Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) (April 2011 to June 2015).
Page 10	Child-reported outcomes: 5,918 cases (25% of all closed treatment cases) had paired child report data where one or more scales were above threshold at outset (on average four scales completed per child).	Child-reported outcomes: 5,896 cases (25% of all closed treatment cases) had paired child report data where one or more scales were above threshold at outset (on average four scales completed per child).
Page 11	Parent-reported outcomes: 3,699 cases (16% of all closed treatment cases) had paired parent report data where one or more scales were above threshold at outset (on average four scales completed per child).	Parent-reported outcomes: 3,707 cases (16% of all closed treatment cases) had paired parent report data where one or more scales were above threshold at outset (on average four scales completed per child).
Page 13	The analysis is of routine data related to outcomes for children collected between April 2011 and December 2015 from services taking part in the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme.	The analysis is of routine data related to outcomes for children collected between April 2011 and June 2015 from services taking part in the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme.
Page 13	By December 2015, 5,240 (22% of closed treatment cases) had a paired scale with thresholds, as well as information on attainment and attendance.	By June 2015, 4,850 (21% of closed treatment cases) had a paired scale with thresholds, as well as information on attainment and attendance.
Page 14	Of these, 17,055 (73%) had completed a child- or parent-	Of these, 17,056 (73%) had completed a child- or parent-

Location	Original	Revised
	reported scale with thresholds.	reported scale with thresholds.
Page 14	Of the 17,055 closed treatment cases with child- or parent-reported scale with thresholds, 15,536 had scores on one or more scales at outset.	Of the 17,056 closed treatment cases with child- or parent-reported scale with thresholds, 15,537 had scores on one or more scales at outset.
Page 14	Of the 5,918 cases (25% of all closed treatment cases) with paired child report data where one or more scales were above threshold at outset (on average four scales completed per child), [...]	Of the 5,896 cases (25% of all closed treatment cases) with paired child report data where one or more scales were above threshold at outset (on average four scales completed per child), [...]
Page 14	Of the 3,699 cases (16% of all closed treatment cases) with paired parent report data where one or more scales were above threshold at outset (on average four scales completed per child), [...]	Of the 3,707 cases (16% of all closed treatment cases) with paired parent report data where one or more scales were above threshold at outset (on average four scales completed per child), [...]
Page 15	Of the 5,918 cases (25% of all closed treatment cases) with paired child report data where one or more scales were above threshold at outset (on average four scales completed per child), [...]	Of the 5,896 cases (25% of all closed treatment cases) with paired child report data where one or more scales were above threshold at outset (on average four scales completed per child), [...]
Page 15	Of the 3,699 cases (16% of all closed treatment cases) with paired parent report data where one or more scales were above threshold at outset (on average four scales completed per child), [...]	Of the 3,707 cases (16% of all closed treatment cases) with paired parent report data where one or more scales were above threshold at outset (on average four scales completed per child), [...]
Page 17	The report analyses routine data related to outcomes for children collected between April 2011 and December 2015 [...]	The report analyses routine data related to outcomes for children collected between April 2011 and June 2015 [...]
Page 23	Data to inform case-mix algorithm (which included the stricter criteria of having been completed within 56 days of start date) consist of 31,038 cases.	Data to inform case-mix algorithm (which included the stricter criteria of having been completed within 56 days of start date) consist of 31,037 cases.
Page 23	[...] this stricter criteria was applied to the sample to	[...] this stricter criteria was applied to the sample to

Location	Original	Revised
	consider needs-based grouping allocations and resulted in a sample of 31,038 cases.	consider needs-based grouping allocations and resulted in a sample of 31,037 cases.
Page 24, Table 1	See Table 1 below for details	See Table 1 below for details
Page 32	This sample comprised 17,055, which had a child- or parent-reported measure, from 75 partnerships (15,490 cases from the child-reported perspective and 11,909 cases from the parent-reported perspective).	This sample comprised 17,056 , which had a child- or parent-reported measure, from 75 partnerships (15,491 cases from the child-reported perspective and 11,917 cases from the parent-reported perspective).
Page 32	This sample comprised 15,536 with a child- and/or parent-reported measure, from 75 partnerships (12,128 cases from the child-reported perspective and 10,438 cases from the parent-reported perspective).	This sample comprised 15,537 with a child- and/or parent-reported measure, from 75 partnerships (12,114 cases from the child-reported perspective and 10,457 cases from the parent-reported perspective).
Page 32	This sample comprised 7,808 with a child- and/or parent-reported scale, from 74 partnerships (5,918 cases from the child-reported perspective and 3,699 cases from the parent-reported perspective).	This sample comprised 7,795 with a child- and/or parent-reported scale, from 74 partnerships (5,896 cases from the child-reported perspective and 3,707 cases from the parent-reported perspective).
Page 33, Figure 2	<i>n</i> = 17,055	<i>n</i> = 17,056
Page 33, Figure 2	<i>n</i> = 6,318	<i>n</i> = 6,317
Page 33, Figure 2	<i>n</i> = 15,536	<i>n</i> = 15,537
Page 33, Figure 2	<i>n</i> = 7,808	<i>n</i> = 7,795
Page 33, Figure 2	<i>n</i> = 7,728	<i>n</i> = 7,742
Page 39	The sample presented below is therefore based on stricter criteria, and consists of 31,038 cases.	The sample presented below is therefore based on stricter criteria, and consists of 31,037 cases.
Page 52, Table 9, row 4, column 2	0.1 (20)	0.1 (19)
Page 52, Table 9, row 4, column 3	0.2 (9)	0.1 (8)
Page 52, Table 9, row 4, column 4	0.2 (7)	0.2 (6)
Page 52, Table 9, row 5, column 2	61.1 (9,495)	61.1 (9,490)
Page 52, Table 9, row 5, column 3	72.4 (4,287)	72.3 (4,260)
Page 52, Table 9, row 5,	53.6 (1,982)	53.7 (1,990)

Location	Original	Revised
column 4		
Page 52, Table 9, row 7, column 3	86.7 (3,662)	86.7 (3,650)
Page 52, Table 9, row 7, column 4	84.8 (2,451)	84.9 (2,456)
Page 52, Table 9, row 9, column 2	5.7 (651)	5.7 (652)
Page 52, Table 9, row 9, column 3	3.6 (151)	3.5 (149)
Page 52, Table 9, row 12, column 3	28.6 (1,692)	28.6 (1,686)
Page 52, Table 9, row 12, column 4	21.9 (810)	21.9 (813)
Page 53	The child report sample completed a total of 12,128 scales, the mean number of scales completed by any one child was 3.8 (SD = 2.5) the median was 3 and the range was 1–13.	The above threshold closed treatment sample with paired child measures (n=5,896) completed a mean number of 4.38 scales (SD = 2.5) per child. The median was 4 and the range was 1–13.
Page 53	The parent report sample completed a total of 10,438 scales, the mean number of scales completed about any child by their parent was 3.6 (SD = 2.2), the median was 3 and the range was 1–12.	The above threshold closed treatment sample with paired parent measures (n= 3,707) completed a mean number of 3.9 scales (SD = 2.2) per child. The median was 3 and the range was 1–12.
Page 53	Based on the child-reported measures, 52% (95% CI 51.94 – 52.25%) of children’s scores reliably improved, 37% (95% CI 37.04% – 37.34%) had no reliable change and 11% reliably deteriorated (see Figure 9).	Based on the child-reported measures, 52% (95% CI 50.5% – 53.2%) of children’s scores reliably improved, 38% (95% CI 36.3% – 39.1%) had no reliable change and 11% reliably deteriorated (95% CI 9.1% – 11.8%) (see Figure 9).
Page 53	On the parent-reported measures, 40% (95% CI 40.34% – 40.7%) of children’s scores showed reliable improvement, 51% indicated no reliable change and 9% (95% CI 8.71% – 9.07%) reliably deteriorated (see Figure 10).	On the parent-reported measures, 40% (95% CI 38.8% – 42.3%) of children’s scores showed reliable improvement, 51% indicated no reliable change (95% CI 49% – 52.4%) and 9% (95% CI 7.1% – 10.5%) reliably deteriorated (see Figure 10).
Page 54, Figure 9	Reliable improvement n = 3,083	Reliable improvement n=3,056
Page 54, Figure 9	No change n = 2,201	No change n=2,223
Page 54, Figure 9	No change 37%	No change 38%

Location	Original	Revised
Page 54, Figure 9	Reliable deterioration n = 634	Reliable deterioration n=617
Page 54, Figure 10	Reliable improvement n = 1,498	Reliable improvement n=1,503
Page 54, Figure 10	No change n = 1,873	No change n=1,878
Page 54, Figure 10	Reliable deterioration n = 328	Reliable deterioration n=326
Page 54	In the pre-CYP IAPT dataset, according to child-reported measures, around 36% (95% CI 35.9% – 36.1%) of children’s scores indicated reliable improvement, 57% (95% CI 56.9% – 57.1%) had a degree of change that was not enough for it to be considered reliable and 7% (95% CI 6.9% – 7.1%) became reliably worse (n=6,767).	In the pre-CYP IAPT dataset, according to child-reported measures, around 36% (95% CI 34.8% – 37.2%) of children’s scores indicated reliable improvement, 57% (95% CI 55.8% – 58.2%) had a degree of change that was not enough for it to be considered reliable and 7% (95% CI 5.8% - 8.2%) became reliably worse (n=6,767).
Page 54	When restricting the analysis to look at only the SDQ subscales in the CYP IAPT dataset, these figures are comparable: 36% (95% CI 35.5% – 35.8%) reliable improvement; 59% (95% CI 58.3% – 58.5%) no reliable change; and 6% (95% CI 5.8% – 6.1%) reliable deterioration; n=8,324.	When restricting the analysis to look at only the SDQ subscales in the CYP IAPT dataset, these figures are comparable: 36% (95% CI 34.5% – 36.8%) reliable improvement; 59% (95% CI 57.3% – 59.5%) no reliable change; and 6% (95% CI 4.8% – 7%) reliable deterioration; n=8,324.
Page 54	According to parent-reported measures in the pre-CYP IAPT dataset, around 35% (95% CI 34.9% – 35.1%) of scores showed reliable improvement, 57% (95% CI 56.9% – 57.1%) had a degree of change that was not enough for it to be considered reliable and 8% (95% CI 7.9% – 8.1%) showed scores that were reliably worse (n=12,865; 2007–2010).	According to parent-reported measures in the pre-CYP IAPT dataset, around 35% (95% CI 34.1% – 35.9%) of scores showed reliable improvement, 57% (95% CI 56.1% – 57.9%) had a degree of change that was not enough for it to be considered reliable and 8% (95% CI 7.1% – 8.9%) showed scores that were reliably worse (n=12,865; 2007–2010).
Page 54	When restricting the analysis to look at only the SDQ subscales in the CYP IAPT dataset, these figures are comparable: 36% (95% CI 35.9% – 36.1%) reliable improvement; 57% (95% CI 56.9% – 57.1%) no reliable change; and 7% (95% CI 6.9% – 7.1%) reliable deterioration;	When restricting the analysis to look at only the SDQ subscales in the CYP IAPT dataset, these figures are comparable: 36% (95% CI 34.9% – 37.1%) reliable improvement; 57% (95% CI 55.9% – 58.1%) no reliable change; and 7% (95% CI 5.9% – 8.1%) reliable deterioration;

Location	Original	Revised
	<i>n</i> =8,702.	<i>n</i> =8,702.
Page 55	Overall, 60% (95% CI 58.37% – 61.63%) of children’s scores (<i>n</i> =3,526) “recovered” and/or reliably improved based on the child-reported measures, and 51% (95% CI 48.72% – 53.28%) based on the parent-reported measures (<i>n</i> =1,891).	Overall, 59% (95% CI 58% – 61%) of children’s scores (<i>n</i> = 3,495) “recovered” and/or reliably improved based on the child-reported measures, and 51% (95% CI 49% – 53%) based on the parent-reported measures (<i>n</i> = 1,895).
Page 55	Using these criteria 1,560 of the 5,918 children with paired measures showed reliable “recovery” (26.4%) and 617 of 3,699 parents with paired measures (16.7%).	Using these criteria 1,569 of the 5,896 children with paired measures showed reliable “recovery” (27% , 95% CI 25% – 28%) and 609 of 3,707 parents with paired measures (16% , 95% CI 15% – 18%).
Page 55	As Figure 11 shows, the pre-post effect sizes on the subscales from the child-reported RCADS ranged from 0.73 (95% CI 0.70 – 0.77) for the separation anxiety subscale, to 1.22 (95% CI 1.17 – 1.28) for the generalised anxiety subscale.	As Figure 11 shows, the pre-post effect sizes on the subscales from the child-reported RCADS ranged from 0.86 (95% CI 0.82 – 0.91) for the separation anxiety subscale, to 1.38 (95% CI 1.31 – 1.45) for the generalised anxiety subscale.
Page 55	As Figure 12 shows, the pre-post effect sizes on the parent-reported RCADS subscales ranged from 0.54 (95% CI 0.50 – 0.58) for the depression subscale, to 0.78 (95% CI 0.73 – 0.82) for the generalised anxiety disorder subscale.	As Figure 12 shows, the pre-post effect sizes on the parent-reported RCADS subscales ranged from 0.68 (95% CI 0.62 – 0.73) for the panic subscale , to 0.93 (95% CI 0.87 – 1) for the generalised anxiety disorder subscale.
Page 56	Children aged 11 years and over can complete the SDQ for themselves in addition to parental report and, as Figure 11 shows, on average their scores improved on all of the individual subscales, with effect sizes ranging from 0.63 (95% CI 0.59 – 0.67) on the impact subscale to 0.77 (95% CI 0.73 – 0.80) on the emotional difficulties subscale.	Children aged 11 years and over can complete the SDQ for themselves in addition to parental report and, as Figure 11 shows, on average their scores improved on all of the individual subscales, with effect sizes ranging from 0.73 (95% CI 0.68 – 0.78) on the impact subscale to 0.89 (95% CI 0.84 – 0.94) on the emotional difficulties subscale.
Page 56	As with child- reported scores, on average their scores	As with child-reported scores, on average their scores

Location	Original	Revised
	improved on all of the individual subscales, ranging from 0.44 (95% CI 0.41 – 0.47) on the conduct subscale and 0.47 (95% CI 0.44 – 0.50) on the hyperactivity subscale to 0.61 (95% CI 0.58 – 0.64) on the emotional difficulties subscale.	improved on all of the individual subscales, ranging from 0.59 (95% CI 0.54 – 0.63) on the conduct subscale and 0.58 (95% CI 0.53 – 0.64) on the hyperactivity subscale to 0.79 (95% CI 0.75 – 0.83) on the emotional difficulties subscale.
Page 57	Graph did not match values presented in figure	Graph revised to reflect accurate values
Page 58	Graph did not match values presented in figure	Graph revised to reflect accurate values
Page 59	For those with the relevant parent-completed SDQ information ($n=1,010$, .04% of closed treatment cases), [...]	For those with the relevant parent-completed SDQ information ($n=1,010$, 4% of closed treatment cases), [...]
Page 59	The AVS for the CYP IAPT sample was significantly higher than that of 0.15 from the pre-CYP IAPT dataset held by CORC ($n=1,476$, .05% of closed treatment cases).	The AVS for the CYP IAPT sample was significantly higher than that of 0.15 from the pre-CYP IAPT dataset held by CORC ($n=1,476$, 5% of closed treatment cases).
Page 63	One missing reference	Added following reference: Ebesutani, C., Chorpita, B. F., Higa-McMillan, C. K., Nakamura, B. J., Regan, J., & Lynch, R. E. (2011). A psychometric analysis of the Revised Child Anxiety and Depression Scales – Parent Version in a school sample. <i>Journal of Abnormal Child Psychology</i>, 39(2), 173–185
Page 76, Table A6, 1b	1b) All scales showed positive effect sizes for both child and parent-reported scales (range was 0.48 to 1.38)	1b) All scales showed positive effect sizes for both child- and parent-reported scales (range was 0.46 to 1.47)
Page 76, Table A6, 3a	36% (2,114/5,918) of children and 28% of parents (1,046/3,699) with the relevant criteria reported recovery at the follow-up point	36% (2,117/5,896) of children and 28% of parents (1,038/3,707) with the relevant criteria reported recovery at the follow-up point
Page 77, Table A6, 8a	50% (7,808/15,536) had paired outcome information from symptom or impact tracking normed scales from either child or parent perspective	50% (7,795/15,537) had paired outcome information from symptom or impact tracking normed scales from either child or parent perspective

Location	Original	Revised
Page 77, Table A6, 8b	35% (5,437/15,536) of closed cases had paired outcome information from symptom tracking scales from either child or parent perspective	35% (5,417/15,537) of closed cases had paired outcome information from symptom tracking scales from either child or parent perspective
Page 77, Table A6, 9b	6% (923/15,536) of cases had parent wellbeing information	6% (921/15,537) of cases had paired wellbeing information
Page 78 and 79, Table A7	See Table A7 below for details	See Table A7 below for details
Page 79, Table A7	Approx. equivalent to top 6% of population on; T-scores based on Chorpita et al., 2000	Approx. equivalent to top 6% of population; T-scores based on Ebesutani et al., 2011

Table 1: Child and parent scales used in this report [Original and Revised]

Please note that specific changes are highlighted in black text in the ‘Revised’ column (and where there have been no changes the text is grey).

Domain/Focus	Child scale	Parent scale	Includes threshold s?	Included in one or more analysis in the report?	Sample drawn from for analyses*			
					Child		Parent	
					Original	Revised	Original	Revised
Depression	1. RCADS depression subscale	1. RCADS depression subscale	Yes	Yes	4,016	3,997	1,817	1,823
	2. PHQ9		Yes	Yes	438	438	-	-
Obsessional compulsive disorder	3. RCADS OCD subscale	2. RCADS OCD subscale	Yes	Yes	3,461	3,444	1,761	1,768
Generalized anxiety	4. RCADS generalized anxiety subscale	3. RCADS generalized anxiety subscale	Yes	Yes	3,451	3,441	1,784	1,791
Social phobia	5. RCADS social phobia subscale	4. RCADS social phobia subscale	Yes	Yes	3,543	3,537	1,771	1,799
Panic	6. RCADS panic subscale	5. RCADS panic subscale	Yes	Yes	3,549	3,530	1,718	1,723
Separation anxiety	7. RCADS separation anxiety subscale	6. RCADS separation anxiety subscale	Yes	Yes	3,450	3,433	1,808	1,814
Trauma	8. Impact of Events Scale (IES)		Yes	Yes	183	183	-	-
ADHD	9. SDQ subscale on hyperactivity	7. SDQ subscale on hyperactivity	Yes	Yes	2,446	2,443	2,556	2,556
Peer problems	10. SDQ subscale on peer problems	8. SDQ subscale on peer problems	Yes	No, not clear that it relates to a treatable mental health issue	-	-	-	-
Prosocial behaviour	11. SDQ subscale on prosocial problems	9. SDQ subscale on prosocial problems	Yes	No, not clear that it relates to a treatable mental health issue	-	-	-	-
Behaviour difficulties	12. M&MS (renamed M&My feelings) behavioural subscale		Yes	Yes	67	67	-	-
	13. SDQ subscale on		Yes	Yes	2,459	2,457	2,591	2,591

	conduct disorder							
Impact on functioning	14. Routine monitoring questionnaire (SxS)	10. Routine monitoring questionnaire (SxS)	Yes	Yes	491	490	309	309
	15. SDQ subscale on total impact	11. SDQ subscale on total impact	Yes	Yes	2,006	2,004	2,106	2,105
Overall anxiety	16. RCADS anxiety subscales combined	12. RCADS anxiety subscales combined	Yes	No, analysed subscales so overall scale not used to prevent double counting	-	-	-	-
	17. GAD-7			Yes	194	194	-	-
Overall anxiety and/or depression	18. RCADS full scale	13. RCADS full scale	Yes	No, analysed subscales so overall scale not used to prevent double counting	-	-	-	-
Overall emotional problems	19. SDQ emotional subscale	14. SDQ emotional subscale	Yes	Yes	2,456	2,454	2,579	2,579
	20. CORE-10		Yes	Yes	53	55	-	-
	21. YP CORE		Yes	Yes	69	70	-	-
Overall psychological problems	22. SDQ total difficulties	15. SDQ total difficulties	Yes	No, analysed subscales so overall scale not used to prevent double counting	-	-	-	-
General wellbeing	23. ORS	16. ORS	Yes	Yes	532	533	118	116
	24. CORS		Yes	Yes	446	447	-	-
	25. Short/Warwick Edinburgh Mental Wellbeing Scale		No	No, as no cut-offs available	-	-	-	-
Eating disorders	26. EDE-Q/A		No	No, no cut-offs available	-	-	-	-
Family functioning	27. SCORE-15	17. SCORE-15	No	No, no cut-offs available	-	-	-	-
Oppositional Defiant Disorder		18. ODDp	Yes	Yes	-	-	139	139
Parental self-efficacy		19. BPSES	No	No, as no cut-offs	-	-	-	-

				available				
Learning disability		20.SLDOM	No	No, as no cut-offs available	-	-	-	-
Achievement of goals	28. GBO	21. GBO	No	Yes	2,784	2,784	686	686
Service satisfaction	29. ESQ	22. ESQ	No	Yes	3,196	3,196	2,698	2,698

Table A7: Clinical Thresholds and Reliable Change Indices for Child-reported Measures [Original and Revised]

Please note that specific changes are highlighted in black text in the 'Revised' column (and where there have been no changes the text is grey).

Child-reported Measure	Clinical Threshold	Source	Reliable Change Index in the CYP IAPT data**	
			Original	Revised
CORE-10	11	Barkman et al., 2013	6.27	5.39
CORS*	32	Duncan et al., 2006	10	10
GAD-7	8	Spitzer et al., 2006; also recommended in the IAPT Data Handbook	4.22	4.22
IES	17	Threshold reported in this document: http://emdrresearchfoundation.org/toolkit/cries-13.pdf	11.92	11.92
M&MS	6	Approx. equivalent to top 10% of population; Deighton et al., 2013	2.82	2.82
ORS	28	Duncan et al., 2006	6.55	6.55
PHQ-9	10	Kroenke et al., 2001; also recommended in the IAPT Data Handbook	5.99	5.99
RCADS Depression (T-score)	66	Approx. equivalent to top 6% of population; T-scores based on Chorpita et al., 2000	18.01	17.73
RCADS GAD (T-score)	66	Approx. equivalent to top 6% of population; T-scores based on Chorpita et al., 2000	14.18	14.91
RCADS OCD (T-score)	66	Approx. equivalent to top 6% of population; T-scores based on Chorpita et al., 2000	16.96	16.35
RCADS Panic (T-score)	66	Approx. equivalent to top 6% of population; T-scores based on Chorpita et al., 2000	19.34	18.29
RCADS Separation Anxiety (T-score)	66	Approx. equivalent to top 6% of population; T-scores based on Chorpita et al., 2000	24.03	22.95
RCADS Social Phobia (T-score)	66	Approx. equivalent to top 6% of population; T-scores based on Chorpita et al., 2000	13.96	13.99
SxS (RMQ)	2	Approx. equivalent to top 10% of population; Categories 'High' and above reported in: http://www.sdqinfo.com/py/sdqinfo/c0.py	3.27	3.27
SDQ Conduct Problems	5	Approx. equivalent to top 10% of population; Categories 'High' and above reported in: http://www.sdqinfo.com/py/sdqinfo/c0.py	3.74	3.74
SDQ Emotional	6	Approx. equivalent to top 10% of population; Categories 'High' and above reported in:	4.26	4.26

Problems		http://www.sdqinfo.com/py/sdqinfo/c0.py		
SDQ Hyperactivity	7	Approx. equivalent to top 10% of population; Categories 'High' and above reported in: http://www.sdqinfo.com/py/sdqinfo/c0.py	3.87	3.87
SDQ Total Impact	2	Approx. equivalent to top 10% of population; Categories 'High' and above reported in: http://www.sdqinfo.com/py/sdqinfo/c0.py	3.24	3.24
YP-CORE	14	'All' category reported in Twigg et al., 2015	10.77	8.33

*higher score = less severity; in all other instances, the reverse applies. ** This is the amount scores have to change between a first and a last time point for the change to be considered reliable, based on the CYP IAPT data.

Table A7. Clinical Thresholds and Reliable Change Indices for Parent-reported Measures [Original and Revised]

Please note that specific changes are highlighted in black text in the 'Revised' column (and where there have been no changes the text is grey).

Parent-reported Measure	Clinical Threshold		Source	Reliable Change Index in the CYP IAPT data**	
	Original	Revised		Original	Revised
ORS	28	28	Duncan et al., 2006	6.42	6.41
RCADS Depression (T-score)	66	66	Approx. equivalent to top 6% of population; T-scores based on Ebesutani et al., 2011	23.07	22.87
RCADS GAD (T-score)	66	66	Approx. equivalent to top 6% of population; T-scores based on Ebesutani et al., 2011	17.63	18.3
RCADS OCD (T-score)	66	66	Approx. equivalent to top 6% of population; T-scores based on Ebesutani et al., 2011	22.48	24.06
RCADS Panic (T-score)	66	66	Approx. equivalent to top 6% of population; T-scores based on Ebesutani et al., 2011	40.25	40.93
RCADS Separation Anxiety (T-score)	66	66	Approx. equivalent to top 6% of population; T-scores based on Ebesutani et al., 2011	27.62	28
RCADS Social Phobia (T-score)	66	66	Approx. equivalent to top 6% of population; T-scores based on Ebesutani et al., 2011	16.61	16.63
SxS (RMQ)	2	2	Approx. equivalent to top 10% of population; Categories 'High' and above reported in: http://www.sdqinfo.com/py/sdqinfo/c0.py	3.16	3.16
SDQ Conduct Problems	5	4	Approx. equivalent to top 10% of population; Categories 'High' and above reported in: http://www.sdqinfo.com/py/sdqinfo/c0.py	4.33	4.33
SDQ Emotional Problems	6	5	Approx. equivalent to top 10% of population; Categories 'High' and above reported in: http://www.sdqinfo.com/py/sdqinfo/c0.py	4.39	4.39
SDQ Hyperactivity	7	8	Approx. equivalent to top 10% of population; Categories 'High' and above reported in: http://www.sdqinfo.com/py/sdqinfo/c0.py	3.82	3.82
SDQ Total Impact	2	2	Approx. equivalent to top 10% of population; Categories 'High' and above reported	3.17	3.17

in:

<http://www.sdqinfo.com/py/sdqinfo/c0.py>

*higher score = less severity; in all other instances, the reverse applies. ** This is the amount scores have to change between a first and a last time point for the change to be considered reliable, based on the CYP IAPT data.