

# A Closer Look by PEI Outcomes

June 2015

**Child Parent Psychotherapy (CPP)** is a model that integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories into a dyadic treatment approach. CPP is designed to restore the child-parent relationship and the child's mental health and development progression that have been damaged by the experience of domestic violence. CPP is intended as an early intervention model for young children that may be at risk for acting-out and experiencing symptoms of depression and trauma. The treatment is provided conjointly with parent and child. The average treatment length is 50 weeks; clients are seen on a weekly basis with sessions lasting 60-90 minutes.

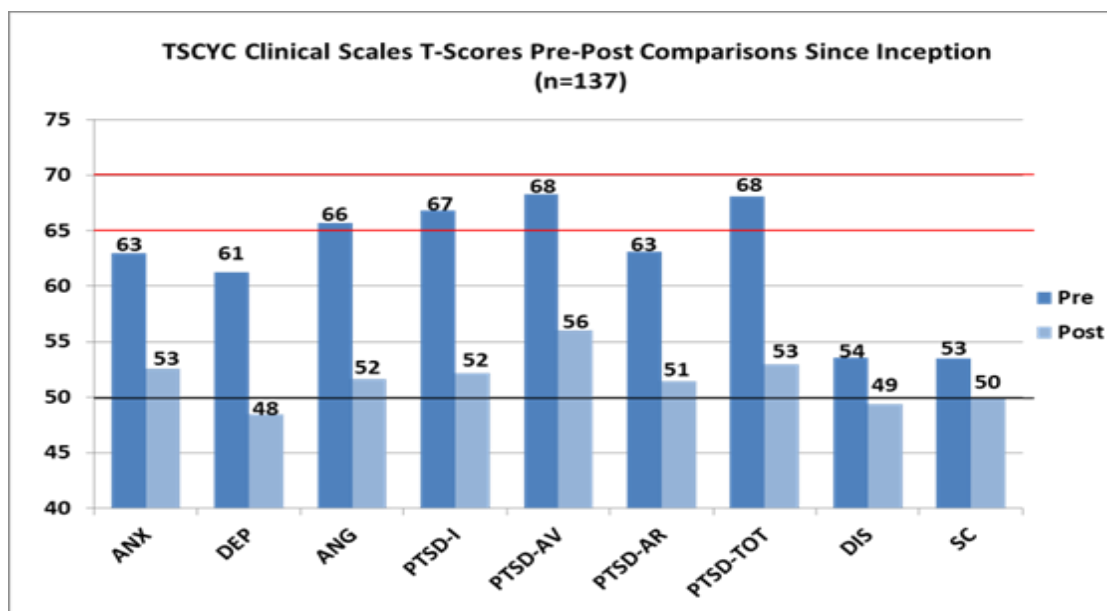
This Prevention and Early Intervention (PEI) Evidence-Based Practice (EBP) incorporates general and specific outcome measures which include the following:

GENERAL OUTCOME MEASURE	AGE	SPECIFIC OUTCOME MEASURE	AGE
Youth Outcome Questionnaire - 2.01 (Parent)	4 - 17	Trauma Symptom Checklist for Young Children (TSCYC)	3 - 6

The Outcome Questionnaire (OQ) series, which includes the Youth Outcome Questionnaire 2.01 (YOQ), Youth Outcome Questionnaire-Self Report 2.0 (YOQ-SR) and OQ 45.2, measures an individual's mental health functioning in the past seven days. The Trauma Symptom Checklist for Young Children (TSCYC) is a trauma measure for young children who have been exposed to traumatic events such as child abuse, peer assault, and community violence. The clinical cut-off point for the YOQ is greater than or equal to 46. This means that clients with total scores equal to or above 46 may be experiencing more severe symptoms than those of the normative sample.

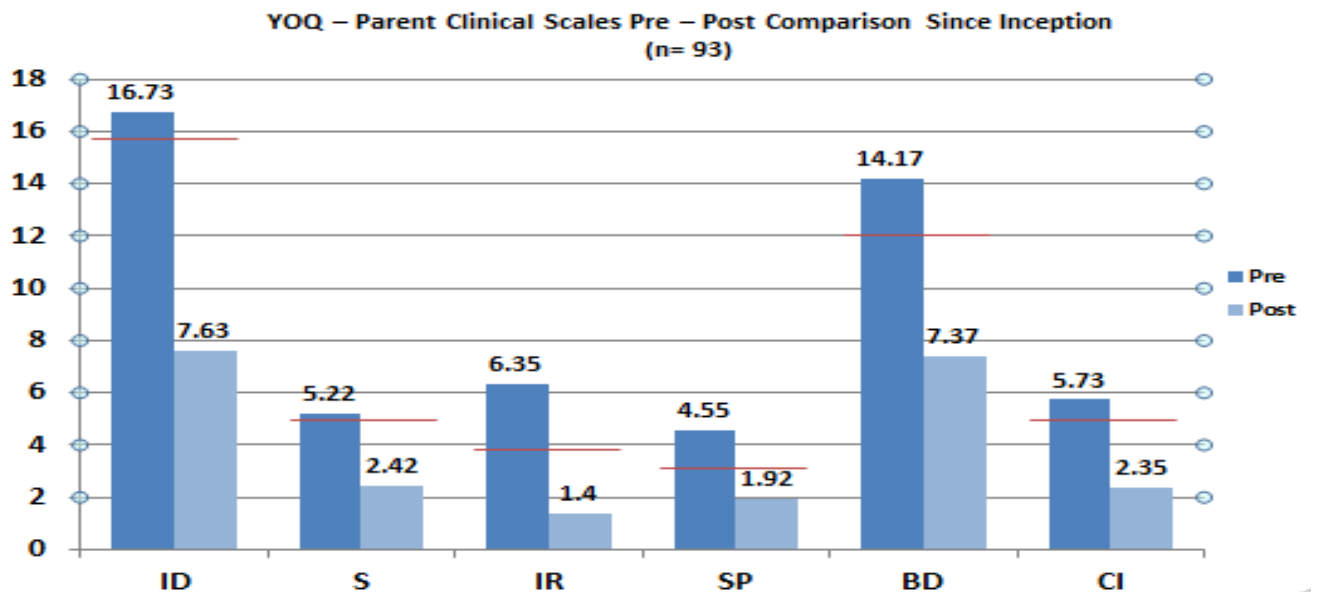
The following information provides a closer look at the data that has been collected for this practice since July 2011 through January 2014.

## Pre-Post Scores for the TSCYC

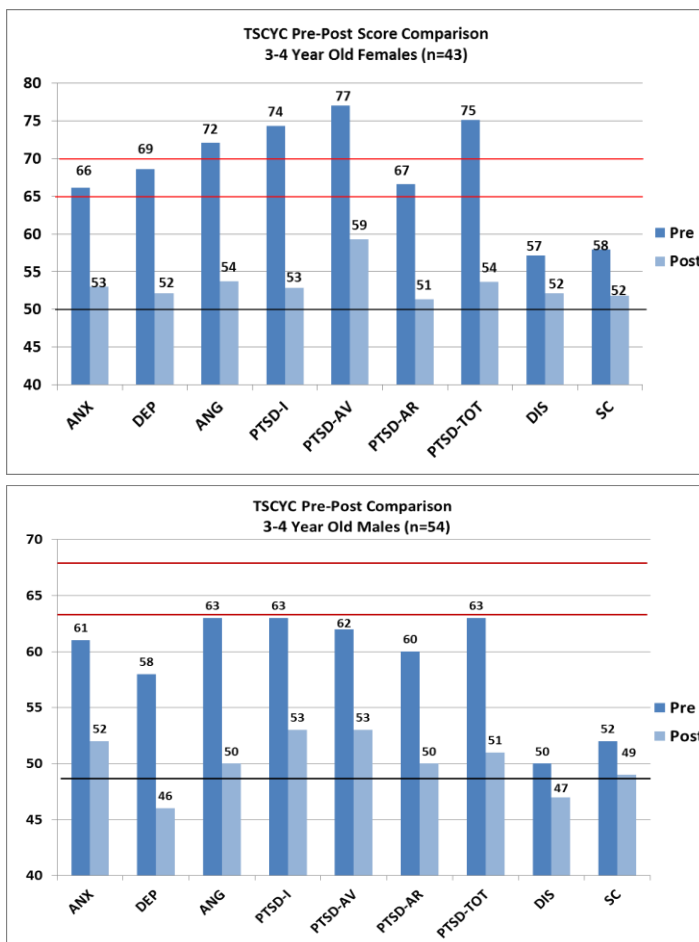


The above graphs illustrate Pre-Post scores for the TSCYC for all the subscales for completed treatment cycles. The black line demarcates the standardization sample mean of 50. T-Scores between 65 and 69 are deemed potentially problematic and T-Scores greater than or equal to 70 are interpreted as more severe based on those in the standardized sample.

Note: The observations made here are to be considered tentative in nature and not conclusive due to the low number of subjects.



The Pre-Scores for each of the subscales in the YOQ-Parent measure above are in the clinically significant range at the beginning of treatment, but the Post-Scores drop significantly below the clinical cut point at the end of treatment which leads us to believe that the treatment was successful in improving clients' mental health functioning as perceived by parents.

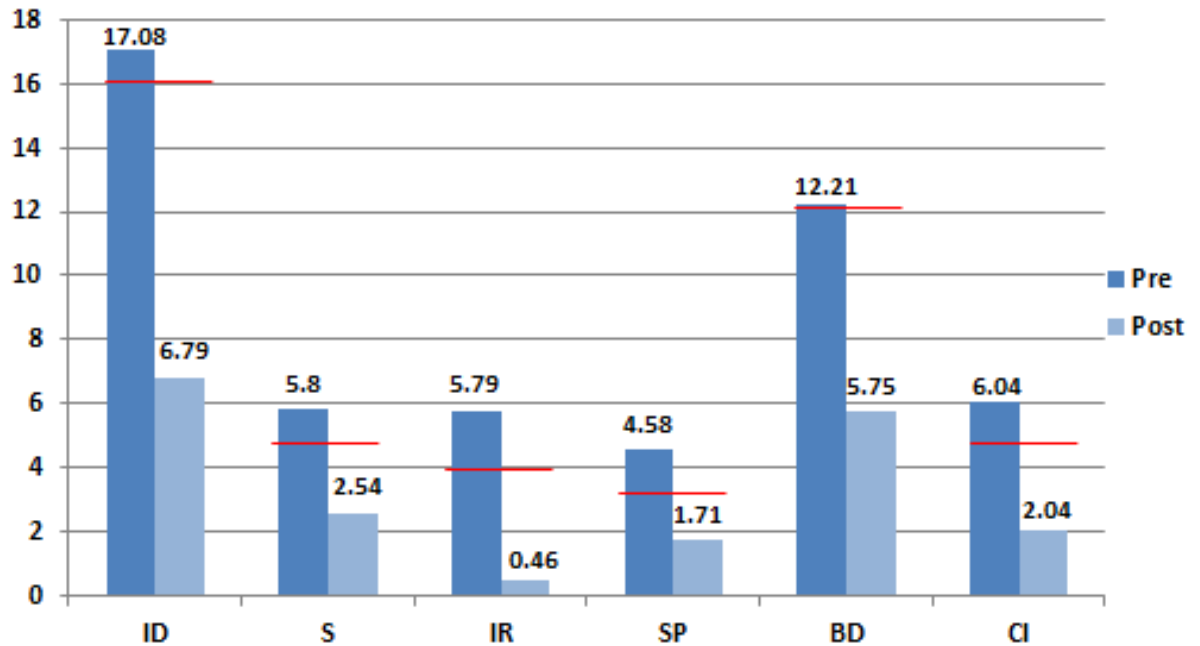


The graphs on the left illustrate Pre-Post score comparisons between female and male clients ages 3 to 4. It appears that female clients in this age range appear to exhibit a higher overall level of posttraumatic symptomatology than their male counterparts at the beginning of treatment. In particular, the anger/aggression scale and posttraumatic stress symptoms relating to intrusion and avoidance scales were in the clinically significant range. In addition, scales that assess anxiety, depression, and posttraumatic stress symptoms relating to arousal were in the potentially problematic areas for females ages 3 to 4. On the other hand, all TSCYC scales for the male clients in this age range were below the clinically significant and potentially problematic areas. There are many hypotheses or conclusions that can be formed based on this analysis. Research has shown that PTSD is more prevalent among females than among males across the lifespan. There are many variables that can be considered regarding trauma related gender differences such as perception and/or nature of traumatic event, and other risk and protective factors. What appears to be similar is the significant amount of improvement from Pre to Post scores on the TSCYC.

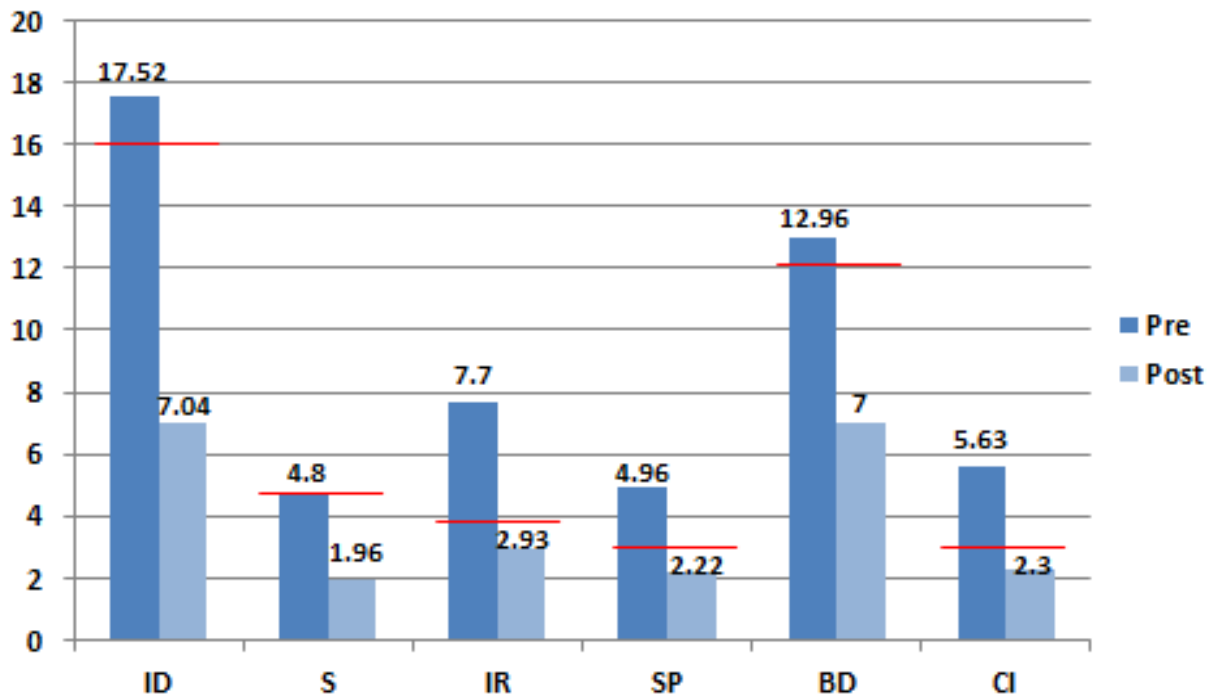
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The YOQ-Parent Pre-Post analysis below illustrates no significant gender difference among 4 year old children. Both genders had similar amounts of elevation on the same subscales of the YOQ-Parent that were clinically significant at the beginning of treatment. At the end of treatment, post subscale scores were below the clinical cutoff, which is what we hope to see.

**YOQ-Parent Pre-Post Score Comparison  
4 Year Old Females (n=24)**

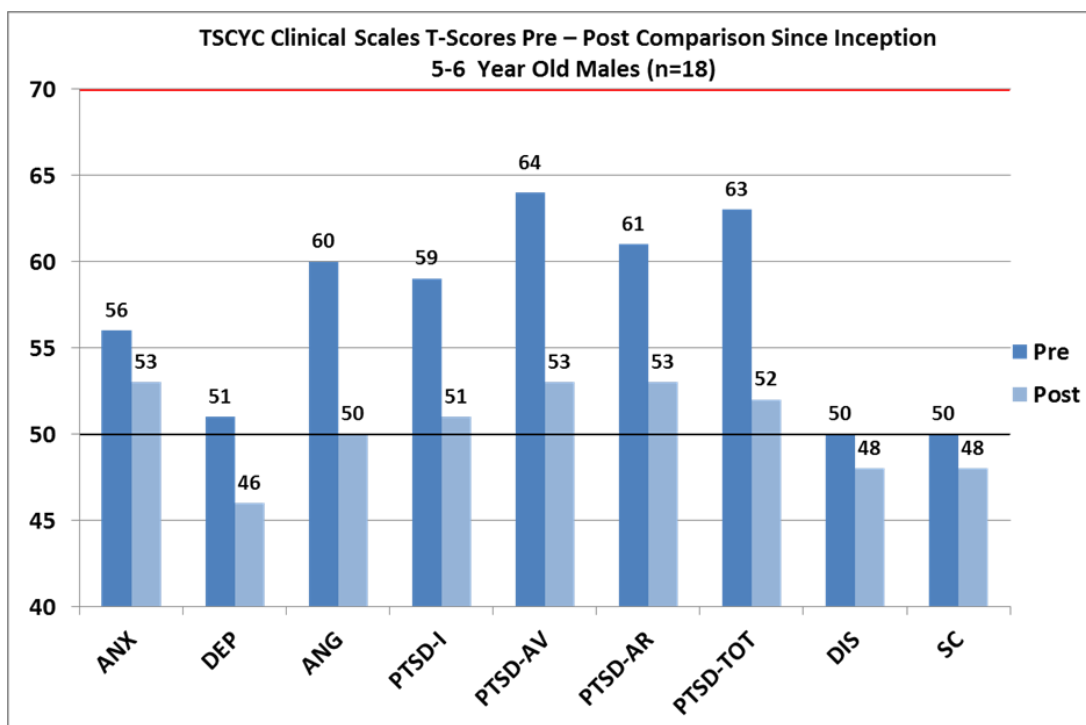
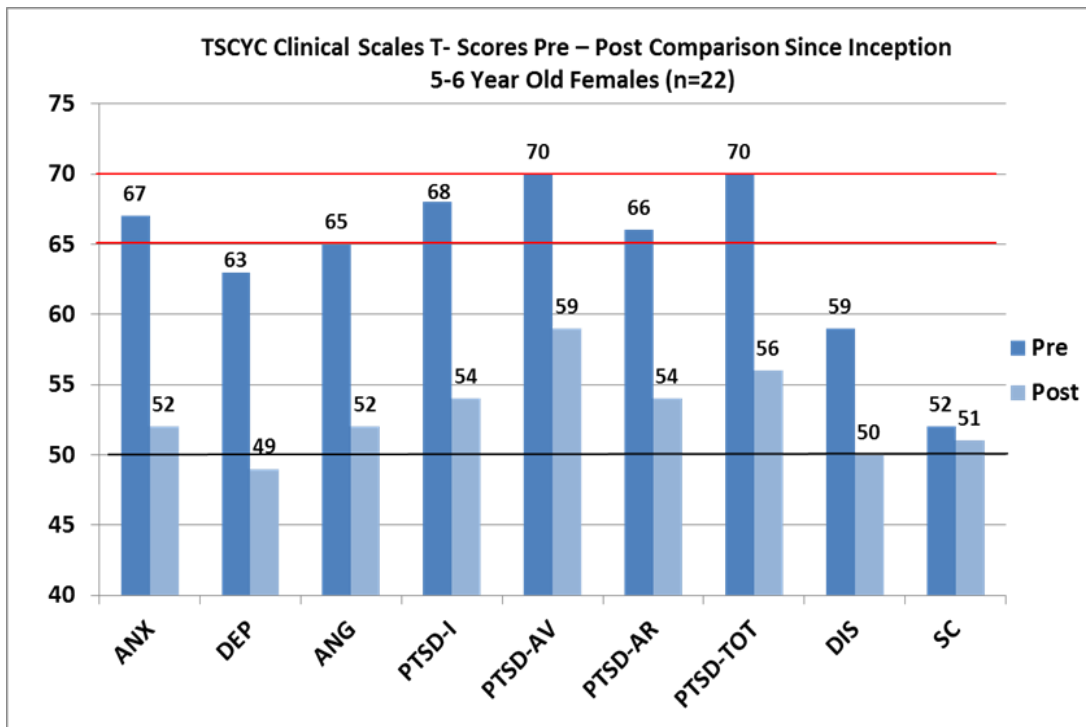


**YOQ-Parent Pre-Post Score Comparison  
4 Year Old Males (n=27)**



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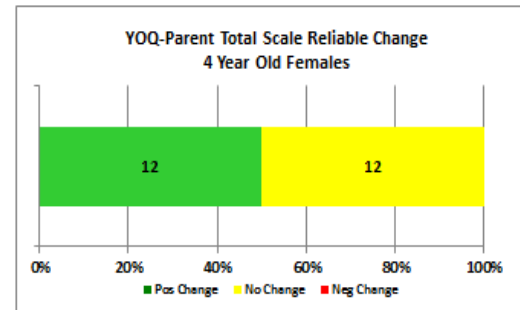
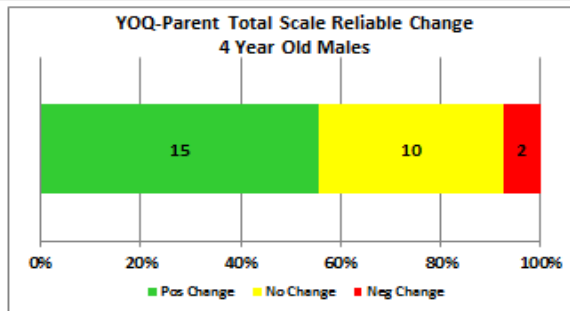
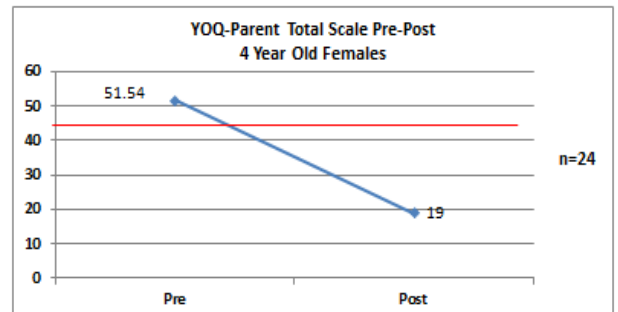
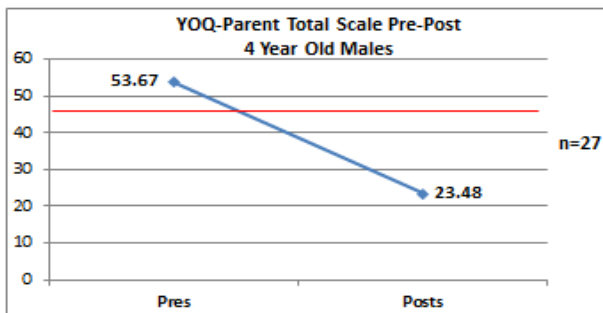
The graphs below illustrate Pre-Post score comparisons between female and male clients ages 5 to 6. As in the 3 to 4 age range, the graphs below paint a similar picture of females exhibiting more potentially problematic behaviors at the beginning of treatment than their male counterparts who seem to be closer to the standardized sample. Again, what's similar is the percent of improvement from Pre to Post scores across these age groups for male and females.



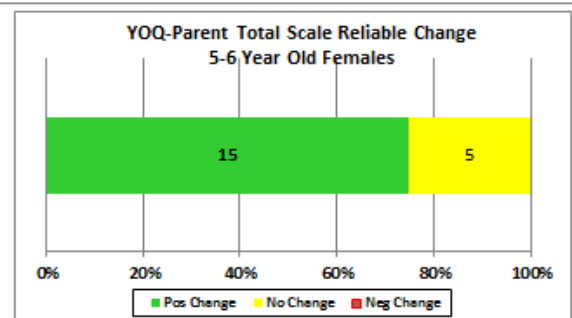
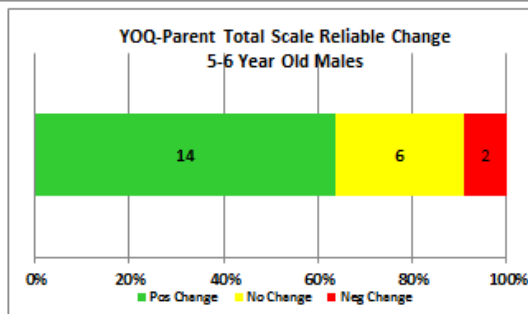
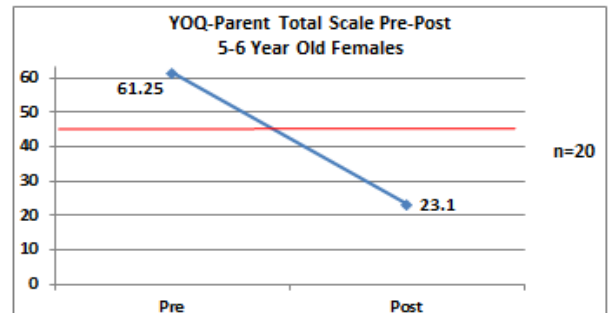
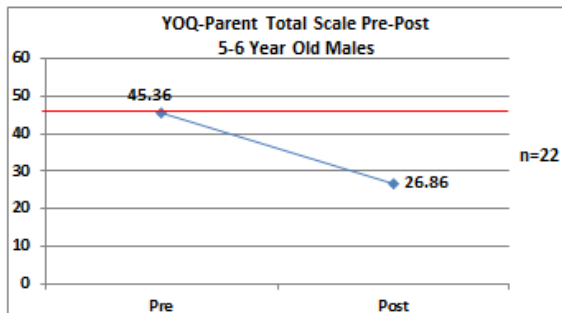
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The graphs below show 4 year old and 5 to 6 year old males and females Pre-Post score comparisons on the YOQ-Parent. As you can see, there is a significant drop in scores from Pre to Post and a high positive reliable change as shown by the green bar graph below. This reliable change tells us that the change from Pre to Post scores is most likely due to the effects of the treatment than errors in the system of measurement.

### 4 Year Old YOQ-Parent Total Pre-Post Score Comparison



### 5-6 Year Old YOQ-Parent Total Pre-Post Score Comparison



The outcomes data analysis for CPP has shown significant positive improvements among clients and continues to be an effective treatment for young children in reducing trauma related symptoms.

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