ChildSafe Program Evaluation

Final Report
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Introduction

ChildSafe is a counseling and treatment center for victims of childhood abuse. ChildSafe provides comprehensive outpatient treatment for victims with a primary focus on the treatment of sexual abuse. Their mission is to break the cycle and heal the trauma resulting from childhood abuse and neglect with specialized treatment, education, and community outreach. ChildSafe contracted with the Social Work Research Center at Colorado State University (CSU) to conduct an independent analysis of secondary administrative data collected from participants of the program.

Research Questions

1. Are there statistically significant differences in child behavior before and after receiving ChildSafe services as measured by parent/child reports from the Child Behavior Checklist (CBCL) Youth Self Report (YSR), and CBCL 1-5 year old (C15) instruments?

2. Are there statistically significant differences in trauma symptomology before and after receiving ChildSafe services as measured by the Trauma Symptoms Inventory (TSI-2) and Trauma Symptoms Checklist for Children (TSCC)?

3. Are there statistically significant differences in mental health functioning before and after receiving ChildSafe services as measured by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)?

4. What are the self-reported levels of symptom severity improvement before and after receiving ChildSafe services as measured by the ChildSafe Satisfaction Survey?

5. What is the level of satisfaction with ChildSafe services as measured by the ChildSafe Satisfaction Survey?
Methodology

This evaluation used a single-group pretest/posttest design to compare client outcomes before and after receiving ChildSafe services. A paired samples t-test was used for each outcome to determine whether the pre/post difference was statistically significant, meaning was it more likely to be an actual change that occurred during the program period as opposed to a result of random variation. A hierarchical test was used to measure the overall change in a given set of outcomes for statistical significance. Lastly, a Benjamini-Hochberg correction for multiple comparisons was applied to the data; thus, significant and non-significant differences are more likely to be genuine occurrences than due to chance. Statistical significance was determined at the $p < 0.05$ level.

Child Behavior Outcomes

Child behavior outcomes were assessed for the pre/post administrations of each instrument (CBCL, YSR, and C15). The CBCL is normed for children/youth ages 6-18, the Youth Self Report is normed for children ages 11-18, and the C15 is normed for children ages 1-5. The results for the child behavior outcomes are displayed in Figure 1 on the following page.

The results for the C15 instrument showed no significant improvements from pre to post for any of the problem scales or the Total Problem Scale score. This could be due to the small sample size of $n=13$ for complete pairs of pre/post data for the C15.

The results for the CBCL instrument showed statistically significant improvements for the “social”, “somatic”, and “aggressive” problem scales and drops in problematic behavior for all scales. Furthermore, there was statistically significant improvement in the Total Problem Scale score for the $n=53$ complete pairs of pre/post data for the CBCL.

The results for the YSR instrument showed no significant improvements from pre to post for any of the problem scales. However, there was statistically significant improvement in the Total Problem Scale score for the $n=22$ complete pairs of pre/post data for the YSR.
Figure 1: Pre/Post Child Behavior Outcome Scores for the CBCL 1-5, CBCL, and the YSR

Note: Problem scales with a statistically significant change from pre to post are bolded and marked with an *
Trauma Symptom Outcomes

Trauma symptom outcomes were assessed for the pre/post administrations of the TSI-2 and the TSCC. The TSI-2 is normed for adults ages 18 and older and the TSCC is normed for children/youth ages 8-16. As displayed in Figure 2 on the following page, every trauma symptom in the TSI-2 showed a decrease for the n=24 complete pairs of pre-post data. The following trauma symptoms showed statistically significant improvement from pre to post:

1. Somatization
2. Somatic Preoccupations
3. Response Level
4. Externalization
5. Anger
6. Depression
7. Self-Disturbance
8. Defensive Avoidance
9. Anxious Arousal (Hyperarousal, Anxiety)
10. PTSD
11. Intrusive Experiences
12. Dissociation
13. Tension Reduction Behavior
14. Suicidality
15. Suicidality (Behavior, Ideation)
16. Somatic Preoccupations – General
17. Insecure Attachment
18. Insecure Attachment (Relational Avoidance, Rejection Sensitivity).

Furthermore, there was a statistically significant improvement in the overall score. The TSI-2 had the largest improvement in scores for the ChildSafe program both in terms of effect size and statistical significance.
Figure 2: Pre/Post Trauma Symptom Outcome Scores for the TSI-2

Note: Symptom scales with a statistically significant change from pre to post are bolded and marked with an *
As displayed in Figure 3, every trauma symptom in the TSCC showed a decrease for the $n=72$ complete pairs of pre-post data. However, none of the trauma symptoms showed a statistically significant improvement from pre to post, although the **overall change in TSCC scores was statistically significant.**

**Figure 3: Pre/Post Trauma Symptom Outcome Scores for the TSCC**

Note. Symptom scales with a statistically significant change from pre to post are bolded and marked with an * (none in this figure)
Mental Health Outcomes

Mental health functioning outcomes were assessed for the pre/post administrations of the DSM-5. As displayed in Figure 4, all mental health disorders showed a decrease from pre to post; however, none of the disorders showed a statistically significant improvement. A test on the overall score for the n=88 complete pairs of pre-post data showed a statistically significant improvement in mental health functioning. In other words, while each individual decrease in scores could be due to random variation, the cumulative decrease in all DSM-5 scores was likely not due to randomness, thus it can reasonably be inferred to have occurred systematically over the ChildSafe program period.

Figure 4: Pre/Post Mental Disorder Outcomes Scores for the DSM-5

![Chart showing pre and post scores for various mental health disorders.](chart)

Note. Mental disorder scales with a statistically significant change from pre to post are bolded and marked with an * (none in this figure)
**Client Satisfaction Outcomes**

ChildSafe clients complete a client satisfaction survey at intake to self-report pre-symptom severity and at exit to self-report post-symptom severity. As displayed in **Figure 5**, clients self-reported high levels of symptom severity improvement across the five years of collected data ranging from 64% in 2018, 70% in 2019, 73% in 2020, 53% in 2021, and 59% in 2022. Across the five years, clients self-reported a 63% improvement, on average, in symptom severity after receiving ChildSafe services.

**Figure 5: Pre/Post Self-Reported Symptom Severity Improvement for the Client Satisfaction Survey**

Clients also provided comments and suggestions based on their ChildSafe experience. Overall, clients were extremely satisfied with ChildSafe and reported that the program was extremely beneficial and yielded significant improvements for their families. Specifically, clients benefitted from (a) learning coping strategies, relational skills, and de-stress tools; (b) receiving needed resources; (c) applying insights learned to daily life; (d) dealing effectively with emotions; (e) gaining confidence; and (f) healing from deep-seated trauma. One client remarked, “I am always treated with respect, I am being heard.”
about my issues, have received many tips and tools to help me with the children, and I have always received professional, friendly, and competent help from all members of the team.”

Clients were very complimentary of the ChildSafe therapists noting their professionalism, openness, caring, honesty, kindness, knowledge, understanding, empathy, thoughtfulness, compassion, and authenticity. One client commented, “Initially I was quite scared to start working through my trauma, but [therapist] has guided me through my healing journey with grace and understanding.”

Respondents also praised ChildSafe therapists for creating a safe environment that was educational, confidential, informative, and motivational, while appreciating their ability to stay up to date on current practice and creating an individualized program. One client noted, “I felt held and nurtured in a way I’d never known as a child or an adult. Her modeling has helped me show myself compassion and curiosity when I notice myself falling back into destructive thinking and/or actions.”

A few clients shared concerns for the services provided at ChildSafe. Although many clients lauded the great communication from their therapists, some expressed a desire for better communication, while others suggested improvements in time management. Several clients noted the progress they or their child had made, but indicated that a lot of deeper work was needed because of the trauma they were working through.

Overall, clients were satisfied and grateful for ChildSafe. One client remarked that ChildSafe was the “best therapeutic experience I have ever encountered within the mental health field.” Others reported that the experience was life changing, with one client commenting that “ChildSafe was a lifesaving resource during the most difficult time period in my life. I am very grateful for all the support, healing and guidance that ChildSafe has provided.”
Evaluation Summary

Overall, clients experienced improvements in child behavior, trauma symptoms, and mental health functioning after their participation in the ChildSafe program. For example, child participants experienced decreases in problematic behavior with statistically significant improvements in “social”, “somatic”, and “aggressive” behaviors. Clients also experienced statistically significant decreases across almost all trauma symptoms, with trauma symptoms having the largest improvement in scores for the ChildSafe program both in terms of effect size and statistical significance. Additionally, all mental health disorders showed a decrease from pre to post, while overall mental health functioning had a statistically significant improvement. Lastly, clients reported meaningful improvements in symptom severity and high levels of satisfaction with the ChildSafe program and therapists.

It should be noted that the evaluation faced several challenges which may impact the interpretations of these findings. Most notably, the evaluation utilized a single-group pre/post design, which limits the ability to attribute changes in behavior, trauma symptoms, and mental health functioning solely to the ChildSafe program, as other factors could influence the results including maturation or the receipt of other therapeutic services. A suggestion for future program evaluation would be a more robust comparison group design comparing ChildSafe clients with clients receiving treatment as usual.