



Salomons Institute for Applied Psychology

EVALUATION REPORT FOR TRAUMA RECOVERY CENTRE

Strengths and Difficulties Pre and Post Measure Evaluation



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Introduction

The report looks at the outcomes of the work the Trauma Recovery Centre (TRC) does with young people. The way this has been measured for this evaluation is through a tool called the Strengths and Difficulties Questionnaire (SDQ).

The SDQ is a measure that looks at emotional and behavioural difficulties children and young people may be experiencing. The 25 items in the SDQ make up 5 different scales of 5 items each. The scales include:

1. **Hyperactivity/inattention Scale.** "Restless, overactive, cannot stay still for long"; "Constantly fidgeting or squirming"; "Easily distracted, concentration wanders"; "Thinks things out before acting"; and "Sees tasks through to the end, good attention span".
2. **Emotional Symptoms Scale.** "Often complains of headaches, stomach-ache or sickness"; "Many worries, often seems worried"; "Often unhappy, down-hearted or tearful"; "Nervous or clingy in new situations, easily loses confidence"; and "Many fears, easily scared".
3. **Conduct Problems Scale.** "Often has temper tantrums or hot tempers"; "Generally obedient, usually does what adults request"; "Often fights with other children or bullies them"; "Often lies or cheats"; and "Steals from home, school or elsewhere".
4. **Peer Problems Scale.** "Rather solitary, tends to play alone"; "Has at least one good friend"; "Generally liked by other children"; "Picked on or bullied by other children"; and "Gets on better with adults than with other children".
5. **Prosocial Scale.** "Considerate of other people's feelings"; "Shares readily with other children (treats, toys, pencils, etc.)"; "Helpful if someone is hurt, upset or feeling ill"; "Kind to younger children"; and "Often volunteers to help others (parents, teachers, other children)".

The questionnaire can be completed by a range of people (carer's, teachers, therapists etc.). The results in this report incorporates all of these perspectives.

The aims of this evaluation were to see

1. What were the differences in pre and post SDQ total scores?

The first analysis entailed comparing the first sessions scores with those at the last session for the overall Strengths and Difficulties Score.

2. Were there differences in pre and post SDQ sub-scales?

The second analysis entailed comparing the first sessions scores with those at the last session for each of the Strengths and Difficulties Score subscales.

Information about the young people who this report relates to:

There were a total of 248 individuals for whom data were available.

Children were aged between 2 and 19 years old with the majority of children aged between 6 and 10.

The most frequent reasons for referrals given were domestic violence and multiple trauma (where more than one trauma experience was given for referral).

The majority of traumas were rated as being highly severe.

The most frequent type of therapy employed was play therapy followed by art therapy.

1. What were the differences in pre and post SDQ total scores?

The first analysis compared the first sessions scores with those at the last session for the overall Strengths and Difficulties Score.

The statistics showed that there was a significant reduction between the overall score on the SDQ at session one when compared to the last session

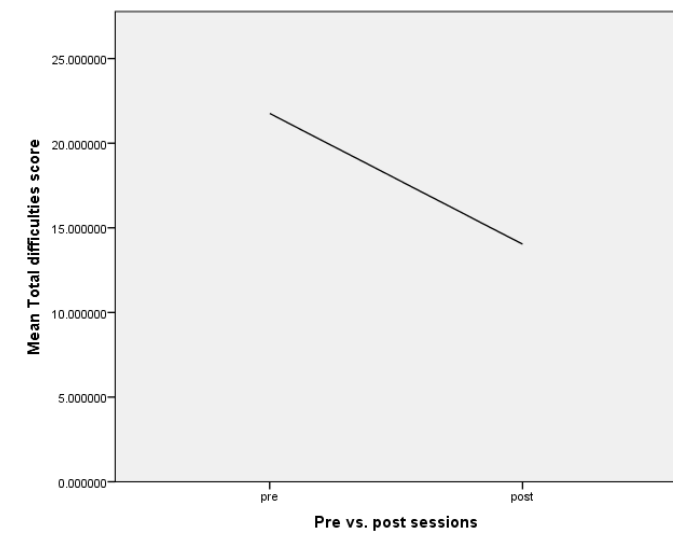


Figure 1: Graph comparing pre post of overall scores

This indicates that overall children and young people’s scores had improved significantly over the treatment period at TRC.

2. Were there differences in pre and post SDQ sub-scales?

The second analysis compared the first sessions scores with those at the last session for the five subscales on the Strengths and Difficulties Score.

The statistics showed that there was a significant reduction between the overall score on the SDQ at session one when compared to the last session

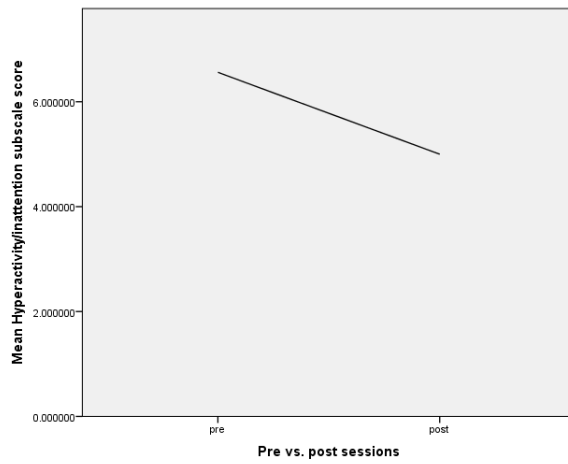


Figure 2: *Hyperactivity/Inattention Scale*

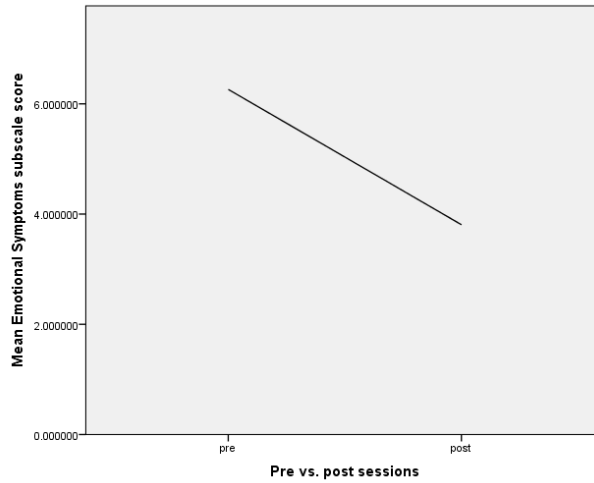


Figure 3: *Emotional Symptoms Scale*

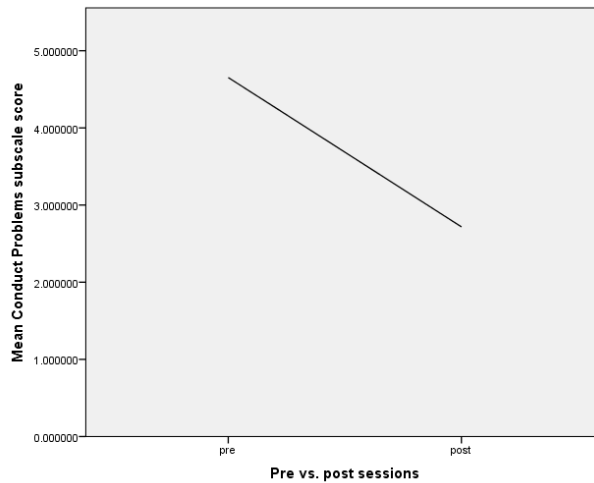


Figure 4: Conduct Problem Subscale

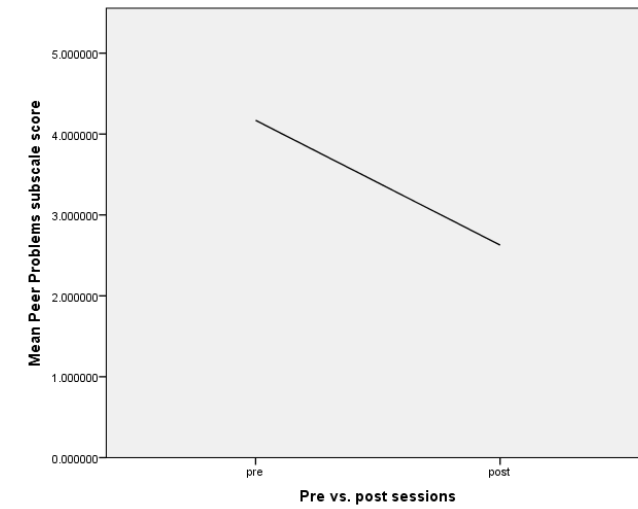


Figure 5: Peer Problem Subscale

This indicates that for the 4 measures of emotional and behavioural symptoms as well as the overall difficulties scale there was a significant improvement i.e. symptoms got less.

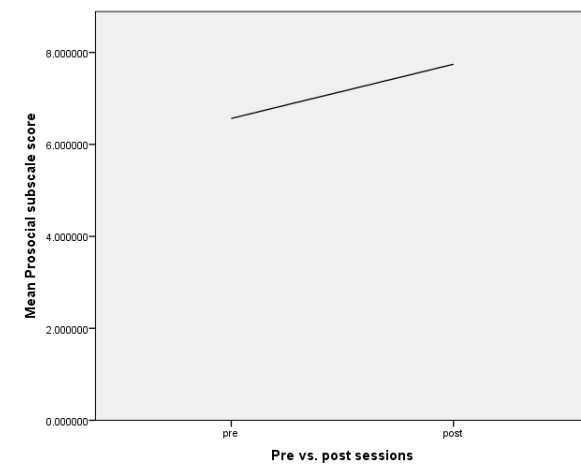


Figure 5: Prosocial Subscale

Subscale 5 measures prosocial behaviour and this had significantly improved. This scale is different to the other 4. The first 4 subscales we want to see a decrease in the scores indicating a lessening of the symptoms. On the prosocial subscale we want to see an increase in the score as we are looking for an increase in prosocial behaviours.

Conclusions

Overall it appears that the services offered by Trauma Recovery Centre are leading to a statistically significant reduction in the Emotional symptoms, Conduct problems, Hyperactivity/inattention difficulties and Peer relationships problems and a statistically significant improvement in Prosocial behaviour. These results indicate statistically significant positive outcomes for the significant majority of young people receiving a service from TRC.