

Child-Parent Psychotherapy Children's Mental Health: Trauma Literature review updated June 2013.

As part of WSIPP’s research approach to identifying evidence-based programs and policies, WSIPP determines “what works” (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: This intervention is designed for parents (most frequently mothers) whose children have relationships to their parents that are characterized by less positive emotion and trust. In one of the two studies in the review, children had witnessed domestic violence. In the other, mothers had diagnoses of depression. The intervention consists of weekly psychotherapy sessions where both child and parent are present. The goal is to strengthen the relationship between parent and child, thereby increasing the child’s sense of safety and attachment. The program is designed to consist of 50 weekly sessions.

Meta-Analysis of Program Effects

Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Adjusted effect sizes and standard errors used in the benefit-cost analysis						Unadjusted effect size (random effects model)	
				First time ES is estimated			Second time ES is estimated			ES	p-value
				ES	SE	Age	ES	SE	Age		
Test scores	Primary	1	43	0.282	0.206	5	0.087	0.227	17	0.282	0.170
Post-traumatic stress	Primary	1	36	-0.551	0.254	5	-0.551	0.254	6	-0.861	0.001
Post-traumatic stress	Secondary	1	36	-0.309	0.251	28	-0.309	0.251	28	-0.483	0.056

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Citations Used in the Meta-Analysis

- Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2000). The Efficacy of Toddler-Parent Psychotherapy for Fostering Cognitive Development in Offspring of Depressed Mothers. *Journal of Abnormal Child Psychology*, 28(2), 135-148.
- Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(12), 1241- 1247.

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