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The Pediatric Outcome Questionnaire: Considerations Regarding a Promising Pediatric Outcome Measure

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Abstract

To our knowledge, the Preschool Outcome Questionnaire (POQ) is the only existing measure developed specifically to track treatment progress over time in preschool-aged children. We examined the factor structure of the POQ using an exploratory factor analysis and conclude that the POQ is an essential first step toward effective measurement of treatment outcome in young children. However, we suggest a revision of POQ items in order to provide greater cohesion and reliability without sacrificing the effective elements of the measure.

Introduction & Background

-Private and community health care systems are under increasing pressure to document psychotherapy progress in order to evaluate the quality of treatment people receive (Lambert, 2004; McClendon et al., 2009; Wells et al., 1996).
-The evaluation of psychotherapy treatment progress among young children is commonly evaluated using measures that were originally designed for diagnostic and screening purposes rather than for tracking change over time (McClendon et al., 2009).
-There is a significant need for standardized outcome measures that evaluate change over time and treatment outcomes of children (Kazdin, 1995; Durlak et al., 1995), especially preschool-aged children (Eyberg, 1992).
-The POQ was developed by Wells, Plenk, and Dell (2001) and to our knowledge is the only measure designed to track treatment progress over time in preschool-aged children.

Study Aims and Hypotheses

We conducted an exploratory factor analysis in order to examine latent factors present in the POQ. Our primary aim was to see whether the validity of the POQ may be extended by identifying meaningful domains that make sense for clinical use. We additionally examined items that did not load on any factor in order to consider how the POQ might be revised.

Methods

Data was collected from a large child outpatient treatment center located in the Mountain West. The POQ is a 35-item parent-report questionnaire and was completed by a parent or caregiver within two weeks of their child's first treatment session. A Maximum Likelihood Factor Analysis was conducted using initial POQ scores ($n = 1617$) from two treatment sites.

Results: Site 1

Twenty six items loaded on a factor at .30 or greater. Nine items did not load on any factor. A three factor model was the best fit for the data from site one ($n = 1123$).

Item	Factors		
	1	2	3
Eigenvalues	7.22	1.39	1.07
	Oppositional Attitudes	Externalizing Behaviors	Adaptive Behaviors
1. Friendly conversation	--	--	.55
2. Share with other children	--	--	.43
3. Break things, destroy property	--	.49	--
4. Argue	.70	--	--
5. Too friendly with strangers	--	--	--
6. Have eating problems	--	--	--
7. Blame others	.36	--	--
8. Resist being hugged	--	--	--
9. Wander or run off	--	.36	--
10. Always on the go	.39	--	--
11. Have temper tantrums (scream, cries, kick)	.63	--	--
12. Happy and pleasant to be around	.33	--	.57
13. Whine or pout	.66	--	--
14. Refuse to do what you ask	.63	--	--
15. Mean to animals	--	.50	--
16. Have excessive fears or worries	--	--	--
17. Show resistance to change	--	--	--
18. Inappropriately touch other's sexual parts	--	.50	--
19. Boss, demand, or want to have his/her own way	.74	--	--
20. Swear or use unacceptable words	--	.34	--
21. Appropriately affectionate	--	--	.42
22. Hurt other people	--	.35	--
23. Tease others	--	--	--
24. Not finish activities	--	.38	--
25. Play with children	--	--	.41
26. Express his/her feelings or needs using words	--	--	.55
27. Inappropriately touch his/her own sexual parts	--	.52	--
28. Have sleeping problems	--	.44	--
29. Hurt him or herself	--	.47	--
30. Repeat actions or words over and over	--	--	--
31. Need constant attention	.39	.32	--
32. Use violent ideas in play	--	.60	--
33. Cry when caregiver leaves	--	--	--
34. Have toileting problems	--	--	--
35. Able to do things on his/her own	--	--	.36

Results: Site 2

Thirty two items loaded on a factor at .30 or greater. Three items did not load on any factor. A five factor model was the best fit for the data from site two ($n = 494$).

Item	Factors				
	1	2	3	4	5
Eigenvalues	6.66	1.86	1.15	1.15	1.15
	Adaptive Behaviors	Attention and Distractibility	Externalizing Behaviors	Violence or Sexual Concerns	Internalizing Concerns
1. Friendly conversation	.65	--	--	--	--
2. Share with other children	.51	--	--	--	--
3. Break things, destroy property	--	--	--	.33	--
4. Argue	--	--	.50	--	--
5. Too friendly with strangers	--	.39	--	--	--
6. Have eating problems	--	--	--	--	.31
7. Blame others	--	--	.55	--	--
8. Resist being hugged	.34	--	--	--	--
9. Wander or run off	--	.61	--	--	--
10. Always on the go	--	.75	--	--	--
11. Have temper tantrums	--	--	.41	--	--
12. Happy and pleasant to	.57	--	--	--	--
13. Whine or pout	--	--	.56	--	.34
14. Refuse to do what you ask	--	.31	.42	--	--
15. Mean to animals	--	--	--	.34	--
16. Have excessive fears/worries	--	--	--	--	.57
17. Show resistance to change	--	--	--	--	.43
18. Inappropriately touch other's sexual parts	--	--	--	.61	--
19. Boss, demand, or want to have his/her own way	--	--	.52	--	.36
20. Swear or use unacceptable words	--	--	--	--	--
21. Appropriately affectionate	.51	--	--	--	--
22. Hurt other people	--	--	--	.34	--
23. Tease others	--	--	.38	.40	--
24. Not finish activities	--	.35	--	--	--
25. Play with children	.58	--	--	--	--
26. Express his/her feelings or needs using words	.50	--	--	--	--
27. Inappropriately touch his/her own sexual parts	--	--	--	.56	--
28. Have sleeping problems	--	--	--	--	.39
29. Hurt him or herself	--	--	--	--	--
30. Repeat actions or words over and over	--	--	--	--	.36
31. Need constant attention	--	--	--	--	.31
32. Use violent ideas in play	--	--	--	.49	--
33. Cry when caregiver leaves	--	--	--	--	.34
34. Have toileting problems	--	--	--	--	--
35. Able to do things on his/her own	.36	--	--	--	--

Conclusion and Discussion

We conclude that the POQ is a promising measure of treatment outcome regarding preschool-aged children and suggest that the POQ be revised in order to increase the reliability and cohesion of the measure. We recommend that items be revised according to the domains that clinicians wish to attend to when treating young children. We further recommend that items 20 and 34 be dropped from the POQ since the items did not load on any factor. It is necessary to evaluate change over time in young children in order for clinicians to track treatment progress and to change treatment approaches if needed. The POQ is a promising measure that could lead to increased clinical and empirical understanding of treatment outcomes and change over time in preschool-aged children.