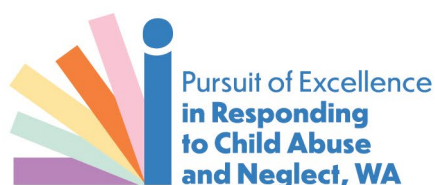


*RESEARCH SUMMARY
'TRAUMA FOCUSED COGNITIVE
BEHAVIORAL THERAPY FOR CHILDREN
AND YOUNG PEOPLE WHO HAVE
EXPERIENCED FORMS OF CHILD ABUSE
OTHER THAN CHILD SEXUAL ABUSE: A
REVIEW OF THE EVIDENCE'*

DECEMBER 2022



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BACKGROUND

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is one of the most widely researched and best supported psychological treatments for posttraumatic stress in children and young people who have experienced traumatic events.
- TF-CBT is a component- and phase-based structured treatment model of 12 to 20 sessions, with components for both the individual child and the caregiver. The model includes a number of components, delivered over three phases: psychoeducation and parenting skills, relaxation, affect identification and regulation, cognitive coping, trauma narration, in vivo mastery of trauma reminders, conjoint child-caregiver sessions, and enhancing safety.
- TF-CBT was originally developed to treat posttraumatic stress symptoms in children who had experienced sexual abuse. The literature is therefore disproportionately focused on samples who have experienced trauma from child sexual abuse.
- However, many children who are referred to therapeutic services in the Australian context have experienced multiple types of child maltreatment.
- A review of the effectiveness of TF-CBT for trauma symptoms associated with non-sexual abuse related child maltreatment including physical abuse, emotional abuse, neglect, and domestic violence had not been undertaken.
- This Research Summary provides a synthesis of the findings from a review of the international literature to assess whether TF-CBT was effective for all forms of abuse and neglect.

LITERATURE REVIEWED

- We conducted a systematic search of the peer-reviewed literature for studies examining the effectiveness or efficacy of TF-CBT for children and young people (0-18 years) who had experienced child maltreatment.
- We included studies which comprised children and young people who had experienced any form of child maltreatment (physical abuse, emotional abuse, neglect, domestic violence, and child sexual abuse). However, to examine the effectiveness of TF-CBT for non-sexual abuse related child maltreatment, we only included child sexual abuse where it was not reported to be higher than global prevalence estimates of broadly defined child sexual abuse (31%). This is because there are already reviews examining TF-CBT specifically for child sexual abuse.
- Four Randomized Controlled Trials (representing 446 participants) and four uncontrolled trials (representing 345 participants) were eligible for inclusion.

FINDINGS

- Results from this small body of literature focusing on samples with primarily physical abuse and domestic violence experiences suggest that TF-CBT, delivered in a variety of 'real-world' settings by therapists with mixed qualifications and experience, is an effective intervention for a range of trauma symptoms in children and young people.
- Results suggest that TF-CBT had a positive effect on posttraumatic stress symptoms ($d = 0.30$ to 0.70) and, where examined within the included studies, a positive effect on anxiety ($d = 0.57$), anger ($d = 0.53$), dissociation ($d = 0.39$), child strengths (effect size not available), functional impairment ($d = 0.34$), and shame related to sexual abuse ($d = 0.92$), and potentially depression and emotional and behavioural difficulties (with mixed effect).
- Based on the recorded trauma experiences of the included samples, treatment effects are applicable to threat-based experiences (e.g., physical abuse and domestic violence), and cannot be generalized to deprivation-based experiences (e.g., neglect).
- Attrition rates were high in some studies (i.e., ~40-60%), and (limited) clinician reports suggest that implementation challenges exist from the way the intervention fits with client needs.

IMPLICATIONS FOR POLICY AND PRACTICE

- Overall, results suggest that TF-CBT is an effective treatment for PTSD symptoms in children who have experienced child abuse and/or family violence.
- Children who have experienced chronic abuse and neglect may experience a broader array of symptoms. In these circumstances, integrating TF-CBT within existing service models or offering components of TF-CBT as a complement to other services is possible and beneficial, but flexibility in implementation is likely required.

Full Review

This Research Summary is a synthesis of the findings of a comprehensive evidence review by Dr Sarah Cox, Ms Samantha Parkinson, A/Prof James Herbert, Ms Ebony Tucker, Dr Olivia Octoman, and Professor Leah Bromfield titled '*Trauma-focused Cognitive Behavioral Therapy for children and young people who have experienced forms of child abuse other than child sexual abuse: A review of the evidence*', under review