Data Trends

Summaries of research on mental health services for children and adolescents and their families

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Silverman, W. K., Ortiz, C. D., Viswesvaran, C., Burns, B. J., Kolko, D. J., Putnam, F. W., et al. (2008). Evidence-based psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology, 37*(1), 156 - 183.

This article presents a literature review and meta-analysis of 21 robust or rigorous studies of psychosocial treatments for youth exposed to trauma. Using efficacy criteria from Chambless et al. (1996) and Chambless and Hollon (1998), the authors found that Trauma-Focused Cognitive Behavioral Therapy treatments were the only interventions that met criteria for *well-established*, while School-Based Group Cognitive Behavioral Treatment programs were classified as *probably efficacious*. School-Based Group Cognitive Behavioral Treatment did not meet criteria for well-established because the two studies were not conducted by independent research teams. Results of the meta-analysis revealed moderate effect sizes for trauma type, intervention type, and parent involvement.

Studies were selected for review if they were published between 1993 – 2007, were randomized clinical trials, had multiple assessments, were manualized, measured psychological outcomes, and provided a clear statistical analysis. Pharmacological studies were not reviewed. Over half of the selected studies investigated treatments for children who were victims of sexual abuse (52%), followed by treatments for physical abuse (14%) and exposure to violence in the community (14%). The most common psychological outcomes of trauma were problems with posttraumatic stress (PTSD; 67%); depression (57%); externalizing behavior, (52%), and anxiety (43%). Studies were selected based on youth exposure to trauma, rather than on psychological outcomes of traumatic events. Across all studies reviewed, ages ranged from birth to 17 years. The authors also reviewed studies meeting criteria for possibly efficacious, but not for those classified as experimental; instead, they provide a list of studies meeting the latter criteria.

> "Trauma-specific core components that have emerged in the practices considered well-established, probably efficacious, and possibly efficacious include components highlighted for many years in the child trauma literature. These core components include psychoeducation, the management of anxiety, trauma and loss reminders, trauma narration and organization, cognitive and affective labeling and processing, problem solving regarding safety relationships, parent skill-building and behavioral management, emotional regulation, and supporting youth to resume negatively impacted developmental competencies" (p. 177).

Trauma-Focused Cognitive Behavioral Therapy (T-F CBT): Although T-F CBT interventions included a variety of treatment names and techniques, each were similar in that CBT therapy was conducted individually with the youth; children and/or caregivers were trained in CBT techniques; and narratives, drawings, doll play and other developmentally appropriate child exposure techniques were used. In some cases the interventions included parent involvement—either individually, with the child, or both. Five interventions targeted child sexual abuse, and one focused on child victims of physical abuse or maltreatment. Two follow-up studies of T-F CBT interventions were also reviewed.

School-Based Group Cognitive Behavioral Treatment (S-B CBT): Two studies of S-B CBT programs targeted youth who experienced community violence and who presented with posttraumatic stress, depression, and anxiety symptoms. The main difference between the studies concerned the target population: Stein and colleagues' (2003) sampled a multiethnic group of 6th graders, while Kataoka's team (2003) studied Latino immigrant children in grades 3 – 8; Data Trends #83 summarizes the study by Kataoka and colleagues. Each intervention included psychoeducation, exposure through writing or drawing, training in CBT techniques and social skills, and used a group format.

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Results of the meta-analysis suggest that CBT techniques are more effective at reducing PTSD, depression, and externalizing problems when compared to non-CBT interventions. Results of the analysis also varied for trauma type and parent involvement. CBT techniques reduced symptoms of PTSD and depression for victims of child sexual abuse, but not for anxiety and externalizing behavior problems. In some cases, parent participation moderated a reduction in anxiety and depression, but not for PTSD and externalizing behavior problems.

Overall, this review provides additional evidence for the use of CBT techniques when working with children who have experienced trauma. Specifically, it presents strong evidence for the use of CBT for reducing the effects of PTSD among children exposed to child sexual abuse. As suggested by the authors' paraphrase of Amaya-Jackson & DeRosa (2007), components of these techniques have been identified in the child trauma literature for well over a decade (see textbox).

References:

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Kataoka, S. H., Stein, B. D., Jaycox, L. H., Wong, M. Escudero, P., Tu, W., et al. (2003). A school-based mental health program for traumatized Latino immigrant children. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*, 311 – 318.

Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., et al. (2003). A mental health intervention for school children exposed to violence. *Journal of the American Medical Association, 290*, 603 – 611.

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