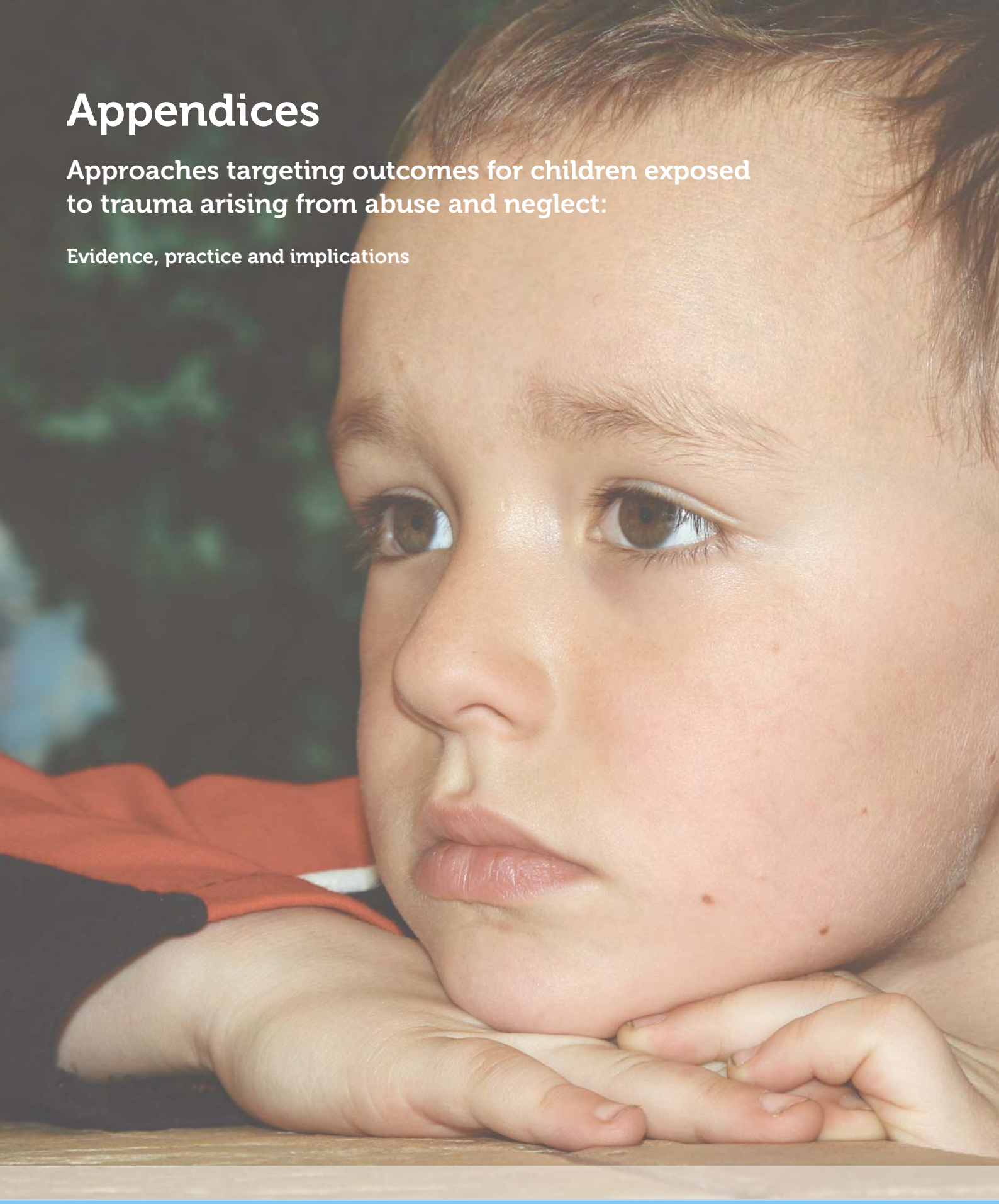
Appendices

Approaches targeting outcomes for children exposed to trauma arising from abuse and neglect:

Evidence, practice and implications



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Australian Centre for Posttraumatic Mental Health

Parenting Research Centre
raising children well

This document is the book of appendices for the final report for the project titled, *Approaches targeting outcomes for children exposed to trauma arising from abuse and neglect – Evidence, practice, and implications*. This report and appendices were written as a collaborative project by the Australian Centre for Posttraumatic Mental Health and the Parenting Research Centre with funding from the Australian Government, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA, now Department of Social Services).

The Australian Centre for Posttraumatic Mental Health Inc. (ACPMH) is a not-for-profit organisation whose mission is to build and support the capability of individuals, organisations and the community to understand, prevent, reduce and recover from the adverse mental health effects of trauma. ACPMH aims to achieve its mission through specialised research, education and training, and the provision of policy and service improvement advice.

The Parenting Research Centre (PRC) is a non-profit research and development organisation with an exclusive focus on parenting. PRC are dedicated to gathering scientific knowledge of effective parenting and developing practical programs to help parents raise happy, healthy children.

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Table of Contents

Appendix 1: Glossary of terms

As the concepts and terms used in this report can be interpreted differently across the child and family services sector, definitions of terms adopted for this project and referred to in this report are presented below. The terms are categorised by theme and presented alphabetically under each theme.

Theme or term	Definition
Abuse and neglect terms	
Child abuse	The maltreatment of a child spanning four broad categories of neglect, emotional abuse, sexual abuse, and physical abuse[1].
Child maltreatment (collectively referred to as child abuse and neglect)	Any non-accidental behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e., neglect) and commission (i.e., abuse). Commonly divided into four subtypes: ▪ physical abuse ▪ sexual abuse ▪ neglect ▪ emotional maltreatment (including the witnessing of family and domestic violence)[2].
Child neglect	Occurs when a child's basic needs, such as their developmental, emotional and physical wellbeing and safety, have not been met. Chronic neglect is when this occurs in an entrenched and multi-level pattern of experience for the child and family[3].
Domestic and family violence	Domestic violence occurs when one partner in a relationship attempts by physical or psychological means to dominate and control the other. It is generally understood as gendered violence, and is an abuse of power within a relationship (heterosexual and homosexual) or after separation. In the large majority of cases the offender is male and the victim female. Children and young people are profoundly affected by domestic violence, both as witnesses and as victims. Issues of power and control are central to the definition[4]. Family violence is often used in conjunction with domestic violence and is a term is preferred by some communities (e.g., indigenous), where incidents of violence are not always about intimate partner abuse. 'Family' covers a diverse range of ties of mutual obligation and support, and perpetrators and victims of family violence can include, for example, aunts, uncles, cousins and children of previous relationships[4].

Theme or term	Definition
Mental health and trauma terms	
Acute trauma exposure (also known as single event or Type I trauma)	Exposure to a traumatic event that occurs at a particular time and place and is usually short-lived. Acute traumatic events include natural disasters, terrorist attacks, serious accidents, single episodes of physical or sexual assault, gang-related violence in the community, school shootings or sudden or violent loss of a loved one[5].
Chronic trauma exposure	Exposure to trauma which occurs repeatedly over long periods of time. These experiences can result in a range of responses, including intense feelings of fear, loss of trust in others, decreased sense of personal safety, guilt, and shame. They can also adversely impact the social, emotional and cognitive development of the child. Chronic traumatic situations include some forms of physical abuse, long-standing sexual abuse, domestic violence, war and other forms of political violence[5].
Mental illness/disorder	As defined by the Department of Health and Aging, a clinically recognisable set of symptoms (relating to mood, thought, or cognition or behaviour) that is associated with distress and interference with functions (that is, impairments leading to activity limitations or participation restrictions)[6]. Mental illnesses include: dementia, delirium and other organic mental disorders; schizophrenia, bipolar disorder and other related psychotic disorders that are characterised by hallucinations, delusions, thought disorders, behaviour disturbances; mood disorders such as depression; anxiety disorders; substance use disorders; and personality disorders that are characterised by enduring patterns of behaviour that are inflexible and maladaptive and cause distress or interference with functions[7].
Posttraumatic stress disorder (PTSD)	A set of reactions that develop in people who have experienced or witnessed an event which threatened their life or safety, or that of others around them, and led to feelings of intense fear, helplessness or horror. Symptoms that meet DSM IV criteria around three clusters of symptoms including re-living the traumatic event, being overly alert or wound up, avoiding reminders of the event and feeling emotionally numb[7].
Repeated event trauma	The simultaneous, multiple or sequential occurrence of traumatic events. In this project, repeated traumatic events often occur within the context of child abuse and neglect[5].

Theme or term	Definition
Mental health and trauma terms cont.	
Single event trauma (also known as acute trauma or Type I trauma)	Exposure to a traumatic event that occurs at a particular time and place and is usually short-lived. Kinds of acute traumatic events include natural disasters, terrorist attacks, serious accidents, single episodes of physical or sexual assault, gang-related violence in the community, school shootings or sudden or violent loss of a loved one[5].
Substance abuse	A maladaptive pattern of substance use leading to clinically significant impairment or distress manifested by recurrent substance use resulting in a failure to fulfil major roles at work, school, or home. Substance abuse also refers to recurrent substance use in situations where it is physically hazardous and/or related to legal problems and/or continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance[8].
Traumatic event	An event which threatens a person's life or safety, or that of others around them. There is a range of events that fall in this category such as motor vehicle accidents, war and natural disasters[9]. This project focused on children's' exposure to repeated traumatic events, where the traumatic event was defined as the experience of child abuse, child sexual abuse, child neglect, domestic/family violence, parental substance abuse and/or parental mental illness. It is recognised that these are distinct from single trauma events in that exposure to these events is often repeated and chronic. It is also recognised that these events are not always experienced as 'traumatic', and as such can be recognised as 'potentially traumatic events'.
Trauma-Informed Care (TIC)	A framework grounded in an understanding and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. The awareness of the impact of trauma and recognition of its potential longer term interferences to one's sense of control, safety, ability to self-regulate, sense of self, self-efficacy and interpersonal relationships[10]. The TIC framework in this project is used in reference to chronic or repeated experiences of traumatic events.
Trauma reactions	Physical and psychological reactions that develop following the experience or witnessing of an event which threatened a person's life or safety, or that of others around them, and led to feelings of intense fear, helplessness or horror. In children, trauma reactions can present in repetitive play, frightening dreams, specific trauma enactments, regressed behaviours, lowered school performance, social, emotional and behavioural difficulties, and physical ailments[11].

Theme or term	Definition
Mental health and trauma terms cont.	
Trauma reactions	Physical and psychological reactions that develop following the experience or witnessing of an event which threatened a person's life or safety, or that of others around them, and led to feelings of intense fear, helplessness or horror. In children, trauma reactions can present in repetitive play, frightening dreams, specific trauma enactments, regressed behaviours, lowered school performance, social, emotional and behavioural difficulties, and physical ailments[11].
Type I trauma	Exposure to a traumatic event that occurs at a particular time and place and is usually short-lived. Acute traumatic events include natural disasters, terrorist attacks, serious accidents, single episodes of physical or sexual assault, gang-related violence in the community, school shootings or sudden or violent loss of a loved one[5].
Type II trauma	Experience of events that are of an interpersonal, prolonged and/or repeated nature (e.g. child abuse, neglect, witnessing violence). Effects of Type II traumatic events can be pervasive and long-lasting. Type II trauma that occurs in childhood, and that involves direct harm and/or neglect by caregivers, often occurs at developmentally vulnerable times for the child, and can give rise to complex psychological, social and behavioural problems in adulthood. Type II trauma is often contrasted with Type I trauma, which refers to a single occurrences of a traumatic event[5].
Child and Family Support Sector-related terms	
Approach	A set of principles aimed at guiding overall service delivery or individual practice[12]. In this project, we have used the term approach to encompass sets of principles, frameworks, models, interventions, therapies, practices, systems of care, programs, as well as services.
Caregiver	Biological relative or non-biological person performing the roles and responsibilities of parenting[13].
Child	A person up to the age or equal to 18 years[14].

Theme or term	Definition
Child and Family Support Sector-related terms cont.	
Out of home care (OOHC)	The care of children and young people up to 18 years who are unable to live with their families (often due to child abuse and neglect). It involves the placement of a child or young person with alternate caregivers on a short or long-term basis. There are four main types of out-of-home care[15]: ▪ *foster care:* where care is provided in the private home of a substitute family who receives payment that is intended to cover the child's living expenses ▪ *kinship care:* where the caregiver is a family member or a person with a pre-existing relationship with the child ▪ *residential care:* where placement is in a residential building whose purpose is to provide placement for children and where there is paid staff. This includes facilities where there are rostered staff, a live-in carer and where staff are off-site (e.g., a lead tenant or supported residence arrangement). ▪ *permanent care*: a child is placed into the permanent care of an existing foster carer or kinship carer through the Family Court
Practices	Approaches, skills, strategies and/or techniques targeting prevention or treatment aimed at improving child/family/parent outcomes[16,17].
Program	A well-defined curriculum, set of services or interventions designed for the needs of a specific group or population[16]. Programs are often discrete, manualised curriculums or series of actions/tasks/behaviours designed for a particular population to meet particular outcomes, which are usually measurable[18]. Within a program children, caregivers, guardians (i.e., group or population) receive direct targeted education, training or support or intervention to increase their knowledge, capacity, skills to improve child and family outcomes[9]. For the purpose of this project, we have grouped therapeutic interventions with programs.
Service Model	A suite of approaches, programs or practices delivered to a client group by an agency, organisation or service system. Services may be delivered at home (e.g., home visiting service) or within another setting, however home visiting programs are not always 'services' or 'service models'; for instance, if they are delivered as a structured curriculum (program).
System of care	A coordinated network of community-based services and supports. It is an approach incorporating a philosophy or guiding framework that promotes program delivery in ways that prioritise the needs of the children, youth and families to function better in various contexts (i.e., school, home, child protection, peers)[19].
Therapeutic/treatment interventions	A particular technique or set of interventions usually delivered by a single practitioner aimed at improving a set of well-defined outcomes (e.g., reduction in posttraumatic symptoms) for a child or family [20]. Can be manualised and outcomes for client are usually measureable.

Theme or term	Definition
Scientific or evidence-related terms	
Effective	Approaches for which there is measureable and statistically significant improvement in child, parent or family outcomes as a result of the approach (or combination of approaches) compared to a no-treatment or other-treatment comparison group, that is demonstrated in a randomised controlled trial (RCT) with at least 6-month follow-up assessment.
Evidence	Forms of knowledge relevant to practice which may include research evidence, service monitoring and other statistical data; expert knowledge; stakeholder consultations; and program and service cost-effectiveness information.
Evidence-based practices	Approaches to prevention or treatment that are validated by some form of documented scientific evidence (including but not limited to controlled clinical studies). Ideally, evidence-based practices should be responsive to families' cultural backgrounds, community values, and individual preferences[21].
Evidence-based programs	A defined curriculum or set of practices that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence. Ideally, evidence-based programs should be responsive to families' cultural backgrounds, community values, and individual preferences[21].
Evidence-informed practices	Refers to programs and practices that use current best evidence available (may not be empirical research findings) combined with the knowledge and experience of practitioners and the views of service users[21].
Outcome	A measureable change or benefit. The target at which change is intended. An outcome is a specific benefit that occurs to participants of a program. It is generally phrased in terms of the changes in knowledge, skills, attitudes, behaviour, condition or status that are expected to occur in the participants as a result of implementing the program[22].
Randomised controlled trial (RCT)	A research protocol in which the study participants, after assessment for eligibility and recruitment, are randomly allocated to receive the intervention or an alternative treatment [23] (often a no-treatment control condition, for example, wait list or treatment as usual) before the study begins.
Research informed practices or programs	Practices or programs which use forms of research (as opposed to 'direct evidence' per se) to guide them. For example, research that investigates risk and protective factors to identify those factors that could be targeted by an intervention.

Appendix 2: Summaries of Programs, Service Models and Systems of Care identified in the Rapid Evidence Assessment

Table 1a. Summary of the studies evaluating the Well Supported program (TF-CBT)

Authors & years	Detailed description of main findings	Intervention content/theory	Prevention or intervention	Setting	Delivered by	Delivered to	Frequency & duration of session	Notes
Puccia, Redding, Brown, Gwynne, Hirsh, Hoffmann, & Morrison (2012) [24]	Sig. improvements were made with respect to re-experiencing & avoidance as well, with 14 clients in the normal range for re-experiencing & 20 clients in the normal range for avoidance. Less sig. improvements are made for arousal, with 19 clinical at baseline & eight normal at completion.	Psycho-education, parenting skills, cognitive coping & processing, trauma narrative, conjoint child-parent sessions, safety skills & a safety plan.	Intervention	Clinic	Trained Clinician	Individual caregiver; Individual child; Individual caregiver-child dyads	1 x 8 sessions	-
Grasso, Joselow, Marquez, & Webb (2011) [25]	Child had higher PTSD symptom severity relative to sample, & had greater reduction of symptoms at post-treatment & follow up (non-sig. test). Child had lower internalizing (non-sig.) & externalising (sig.) behaviour at pre-treatment, scores were maintained at post-treatment & follow up, whereas comparison group behaviour not maintained at follow up.	Psycho-education & development of a trauma narrative (TN) & cognitive/ emotional processing of event based on Emotional Processing Theory (EPT). TN development stimulates child's fear network, activates trauma memory & facilitates learned inhibition of fear response & cognitive re-structuring.	Intervention	Home	Psychologist	Individual caregiver-child dyads	1 x 12-16wks	-
Cohen, Deblinger, Mannarino, & Steer (2004) [26]	TF-CBT was more effective than CCT on all measures of MH & child/ parent behaviour at post-treatment (incl. Child: PTSD subscales, behaviour, depression, attributes/ perceptions, interpersonal trust, shame. Caregiver: parenting practices, support & emotional reactions.	TF-CBT: is informed by effective treatments for adult PTSD & non-PTSD child anxiety disorders, plus cognitive & learning theories about dev. of PTSD in children. CCT: Establishes a trusting r/s which is self-affirming, empowering & validating for parent & child. Aimed at restoring trust within dyad following child sexual abuse.	Intervention	Community	Psychologist; Social worker; Counsellor	Individual caregiver-child dyads	1 x 12wks mean:10/11 Individual sessions (x9) & dyad sessions (x3).	RCT included dyads who attended a minimum of 3 weeks
Deblinger, Mannarino, Cohen, & Steer (2006) [27]	Greater reduction of PTSD symptoms & shame in children & reduced parental distress in TF-CBT compared to CCT. Multiple traumas (90% of sample), & child depression positively related to total PTSD symptoms at post-intervention in CCT group (not TF-CBT).	TF-CBT is a structured treatment approach, education & coping skills to children & parents process traumatic experiences in individual & combined sessions. CCT is a supportive, client centred approach that establishes trusting & empowering therapeutic r/s. CBT & Client-centred/ strengths based.	Intervention	Other	Psychologist	Individual caregiver-child dyads	1 x 12 sessions, once a week.	Study included participants who only attended 3 out of 12 sessions.
Cohen, Mannarino, & Knudsen	Intent to treat: TF-CBT had sig. greater treatment outcomes than NST for all MH domains (Depression, anxiety, sexual prob.) &	TF-CBT components specifically target conditioned fear responses & cognitive errors which contribute to symptom	Intervention	Clinic	Psychologist	Individual caregiver-child dyads	1 x 12wks.	-

Authors & years	Detailed description of main findings	Intervention content/theory	Prevention or intervention	Setting	Delivered by	Delivered to	Frequency & duration of session	Notes
(2005) [28]	behaviour (Internal & social, but not externalising). Treatment completers: TF-CBT had sig. greater improvement on all MH domains at 6-mths, & PTSD & Dissociation at 12-mths. Behaviour approached sig. (p=0.6) at both 6/12mth follow up.	development & maintenance in depression & anxiety. NST is a prototypical supportive, empowerment therapy.						
Deblinger, Mannarino, Cohen, Runyon, & Steer (2011) [29]	N.S. differences: (Child: sexual behaviours, depression, shame & ability to identify abusive situations; Parent: Depression); 1. Sig. less Child fear & general anxiety in 8 Yes TN compared to 8 No TN. 2. Sig. less child externalising behaviours in 16 No TN (possibly due to more parenting focus) than 8/16 Yes TN. 3. Sig. reduced PTSD (one symptom) in 16 sessions compared to 8 session groups. 4. Sig. parent practices in 16 No TN compared to 8/16 Yes TN. Sig parenting emotional reaction (to abuse) in 8 Yes TN than 8 No TN.	Psycho-education & parenting, relaxation, affect modulation, cognitive coping, in vivo exposure, conjoint parent child sessions, enhancing safety & future development, & trauma narrative (Yes TN OR No TN).	Both	Clinic	Psychologist; Social worker; Counsellor	Individual caregiver-child dyads	90 minutes of TF-CBT with or without (Yes/No TN) x 8 or 16weeks.	
Cohen, Mannarino, & Lyengar (2011) [30]	TF-CBT was sig. more effective than CCT on all measures of Child MH (total PTSD, PTSD reaction, anxiety), child behaviours & TF-CBT had sig. less reports of adverse events. N.S. for child cognition (intelligence) & depression.	TF-CBT: 1. Safety component, 2. TN not past trauma, rather sharing child's IPV experiences, mother's IPV awareness & maladaptive cognitions. 3. Not child's mastery of past trauma reminders, rather optimize the child's ability to discriminate between real danger & generalized fears.	Both	Community	Social worker	Individual caregiver-child dyads	45min session for both child & parent TF-CBT or TAU (CCT) x 8wks.	-
Weiner, Schneider, & Lyon (2009) [31]	African American youth & White youth experienced sig. reductions in “Traumatic Stress Symptoms” & “Behavioural/Emotional Needs” & sig. increase in “Strengths.” White youth experienced sig. reductions in risk behaviours & problems with functioning.	Individual sessions with caregiver (psycho-educational focused on parenting skills) & individual sessions with the child (focused on relaxation, affect modulation, cognitions).	Intervention	Clinic	Trained clinician	Individual caregiver, Individual child	1 x 12-20wks.	-

Note: The TF-CBT program is categorised by author in this table. TF-CBT = Trauma focussed Cognitive Behaviour Therapy; CCT = Child-Centred Therapy; PTSD = Post-Traumatic Stress Disorder: RCT = Randomised Controlled Trial; TN = Trauma Narrative; F = Female; M = Male; n= no. of participants in sample; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings.

Table 1b. Summary of the Well Supported program (TF-CBT)

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Trauma-Focussed Cognitive Behavioural Therapy (TF-CBT)	To alleviate symptoms of posttraumatic stress as a result of witnessing domestic violence. Trauma-focused CBT used as part of overarching model of care in this Children's Initiative	Not specified	Puccia, Redding, Brown, Gwynne, Hirsh, Hoffmann, & Morrison (2012) [24]	USA	Family violence	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=22	No comparison group	a. Yes b. No c. N/A d. N/A
Trauma-Focussed Cognitive Behavioural Therapy (TF-CBT)	To reduce symptoms related to trauma.	Not specified	Grasso, Joselow, Marquez, & Webb (2011) [25]	USA	Family violence	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: 6/9/12mths	n=1	n=65	a. Yes b. No c. N/A d. N/A
Trauma-Focussed Cognitive Behavioural Therapy (TF-CBT)	To reduce posttraumatic stress & related emotional/ behavioural problems (including depression, behaviour problems, abuse-specific distress, shame & dysfunction abuse attributions).	8 - 14	Cohen, Deblinger, Mannarino, & Steer (2004) [26]	USA	Child abuse; Child sexual abuse; Family violence; Other	Other	Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: Yes Control: Child-Centred Therapy (CCT) for PTSD Follow up: None	n=115	n=91	a. Yes. TF-CBT is sig. more effective than CCT to reduce child mental health problems (PTSD, shame), normal child development & relationship with significant others (parent mental health, trust). b. No c. N/A d. N/A
Trauma-Focussed Cognitive Behavioural Therapy (TF-CBT)	To reduce symptoms of posttraumatic stress after sexual abuse & other related emotional/ behavioural problems	8 - 14	Deblinger, Mannarino, Cohen, & Steer (2006) [27]	USA	Child abuse; Child sexual abuse; Family violence, Other	Other	Child physical; Psychological/ emotional or behavioural symptoms; Relationships & family or social	RCT: Yes Control: non-directive supportive therapy (NST) and CCT	Combined sample n=183 (child) M/F= not specified	See total in previous cell	a. Yes b. No (yet possible concern re: possible faster pace/ structure of TF-CBT). c. Yes d. 6/12mths

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
	(including depression, behaviour problems, abuse-specific distress, shame & dysfunction abuse attributions).						functioning	Follow up: 6/12mths			
Trauma-Focussed Cognitive Behavioural Therapy (TF-CBT)	To decrease trauma avoidance, hyper-arousal & maladaptive cognitions in children exposed to Interpersonal violence.	8 - 15	Cohen, Mannarino, & Knudsen (2005) [28]	USA	Child abuse; Child sexual abuse	Other	Child physical; Psychological/ emotional or behavioural symptoms	RCT: Yes Control: NST for PRSD following sexual abuse Follow up: 6/12mths	Combined sample n=82 F=56; M=26 Means (NST= 10.8; TF-CBT=11.4)	See total in previous cell	a. Yes b. No c. Yes maintained d. 6/12mths
Trauma-Focussed Cognitive Behavioural Therapy (TF-CBT)	To treat PTSD in sexually abused children. Aim to investigate efficacy of how much general (CBT) & exposure treatment (TN) is optimal for children w/ PTSD.	4 - 11	Deblinger, Mannarino, Cohen, Runyon, & Steer (2011) [29]	USA	Child abuse; Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms; Risk for childhood abuse	RCT: Yes Control groups: (8 No Trauma Narrative (TN); 8 Yes TN; 16 No TN; 16 Yes TN) Follow up: None	Combined sample n=210 (n=52-54 per group). F=128; M=82 mean: 7.7	See totals in previous cell	a. Yes (8 Yes TN TF-CBT most efficacious for parent & child). Non-sig. for risk of abuse. b. No c. N/A d. N/A Duration: 8 or 16wks.
Trauma-Focussed Cognitive Behavioural Therapy (TF-CBT)	To decrease trauma avoidance, hyper-arousal, & maladaptive cognitions in children exposed to Interpersonal violence.	7 - 14	Cohen, Mannarino, & Lyengar (2011) [30]	USA	Child abuse; Child sexual abuse; Family violence; Parental substance use; Parental mental illness	Ethnicity; Other	Cognition; Psychological/ emotional or behavioural symptoms; risk for childhood abuse	RCT: Yes Control: CCT (TAU) Follow up: None	n=64 F=35; M=29	n=60 F=28; M=32	a. Yes; only cognition was non-sig. (IQ) b. No c. N/A d. N/A
Trauma-	To decrease	3 - 16	Weiner,	USA	Not specified	Other	Psychological/	RCT: No	n=35	No	a. No; sig. for specific

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Focussed Cognitive Behaviour Therapy (TF-CBT)	physiological arousal & improve wellbeing; improve identification & management of feelings; improve parent child communication, enhance social skills.		Schneider, & Lyon (2009) [31]				emotional or behavioural symptoms	Pre/post treatment measure Follow up: None	F=17; M=18 Mean:8.4	comparison group	measures for one racial group) b. No c. N/A d. N/A

Note: TF-CBT = Trauma focussed Cognitive Behaviour Therapy; CCT = Child-Centred Therapy; PTSD = Post-Traumatic Stress Disorder: RCT = Randomised Controlled Trial; TN = Trauma Narrative; F = Female; M = Male; n= no. of participants in sample; Non-sig. = Statistically non-significant findings; Sig. = Statistically significant findings. a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 1c. Summary of the Well Supported program (TF-CBT) by targeted age, theory, trauma type and outcome domain

Approach name	Authors & year	Age	Approach theory								Intervention	Prevention	Trauma type							Outcome domain						
			CBT	Trauma narrative	Trauma exposure	Ecological/systems	Attachment/Relational	Neuro-biological	Mindfulness	Psycho-dynamic			Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
TF-CBT: Trauma-focused Cognitive behavioural therapy	Puccia, … & Morrison (2012) [24]	4-19	✓	✓	✓											✓						✓				
	Grasso, … & Webb (2011) [25]	11	✓	✓	✓						✓		✓			✓						✓				
	Cohen, … & Steer (2004) [26S]	8-14	✓	✓	✓						✓			✓								✓	✓			
	Deblinger, … & Steer (2006) [27S]	8-14	✓	✓	✓						✓			✓								✓				
	Cohen, … & Knudsen (2005) [28]	8-14	✓	✓	✓						✓			✓								✓				
	Deblinger, … & Steer (2011) [29]	4-11	✓	✓	✓						✓		✓	✓								✓				
	Cohen, … & Lyengar (2005)	7-14	✓	✓	✓						✓		✓	✓		✓			✓			✓				
	Weiner,… & Lyon (2009) [31*]	3-16	✓	✓	✓														✓			✓				
Total studies			**7**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**3**	**4**	**0**	**3**	**0**	**0**	**2**	**0**	**0**	**7**	**1**	**0**	**0**	**0**

Note. The three studies highlighted were RCT's with 12 month follow up period. PEBS = Psychological, Emotional and Behavioural Symptoms; RFSF = Relationships, Family and Social Functioning; [S] = These articles report on the same study; * = This study showed TF-CBT had no effect for participants generally, although significant findings of benefit were found for specific groups in the sample.

Table 1d. Summary of the Well Supported program (TF-CBT) by approach elements, setting and delivery mode

Approach name	Authors & year	Elements			Setting				Delivered by						Delivered to				
		Dose	Training	Program fidelity	Clinic	Community	Home	School	Psychologist	Social worker	Counsellor	Teacher	Nurse	Unspecified professional, paraprofessional	Individual child	Individual caregiver	Child-caregiver dyad	Individual families	Groups of children
TF-CBT: Trauma-focused Cognitive behavioural therapy	Puccia, … & Morrison (2012) [24]	8 x session	✓	✓	✓									✓	✓	✓	✓		
	Grasso, … & Webb (2011) [25]	12-16 x 1.5hr		✓	✓				✓						✓	✓	✓		
	Cohen, … & Steer (2004) [26S]	12 x 1.5hr	✓	✓	✓				✓	✓					✓	✓	✓		
	Deblinger, … & Steer (2006) [27S]	12 x 1.5hr	✓	✓	✓				✓	✓					✓	✓	✓		
	Cohen, … & Knudsen (2005) [28]	12 x 1.5hr	✓	✓	✓				✓	✓					✓	✓	✓		
	Deblinger, … & Steer (2011) [29]	8/16 x 1.5hr	✓	✓	✓				✓	✓					✓	✓	✓		
	Cohen, … & Lyengar (2011) [30]	8 x 1.5hr	✓	✓		✓									✓	✓	✓		
	Weiner,… & Lyon (2009) [31]	12-20 weeks	✓	✓	✓									✓	✓	✓	✓		
Total studies			**6**	**7**	**7**	**1**	**0**	**0**	**5**	**4**	**0**	**0**	**0**	**2**	**7**	**7**	**7**	**0**	**0**

Note. The three studies highlighted in pink were RCTs with 12 month follow up period. PEBS = Psychological, Emotional and Behavioural Symptoms; RFSF = Relationships, Family and Social Functioning; and [S] = These articles report on the same study.

Table 2a. Summary of the studies evaluating the Supported approaches

Authors & years	Detailed description of main findings	Intervention content/theory	Prevention or Intervention	Setting	Delivered by	Delivered to	Frequency & duration of session	Notes
Ippen, Harris, Van Horn, & Lieberman (2011) [32]	CHILD - a sig. time by treatment effect was found for the intervention (intention to treat & completers) for child PTSD. No sig. reduction in PTSD for comparison children. High-risk children (more than 4 traumatic events) in intervention group showed greater reductions in PTSD. Sig. time by intervention effect for child depression & child behaviour, & maintained only for those with 4+ traumatic events. MOTHER - sig. reduction in maternal PTSD for intervention group regardless of number of events, for comparison group with fewer events, but not for comparison group with 4+ events. For maternal depression, sig. reductions were found for the intervention group but not the comparison group. This was maintained for intervention completers but not the intention to treat group. When analysed by number of events, a sig. reduction in maternal depression was found for the intervention group regardless of number of events & for the comparison group with fewer events, but not the comparison group with 4+ events.	Content: Previously described. Theory: Infant-parent psychotherapy (Fraiberg) & attachment theory (Bowlby).	Both	Other	Psychologist	Individual caregiver-child dyads	1hr x 50weeks	Population - referred for treatment due to child behaviour. Setting not indicated. Trauma - separation from perpetrating father.
Lieberman, van Horn, & Ippen (2005) [33]	CPP was the only group that had sig. efficacy as an intervention in reducing children's total behaviour problems, traumatic stress symptoms, & diagnostic status. There was a trend towards sig. for TAU, & a sig. effect for CPP in reducing mother's general distress. Mother's PTSD symptoms reduced over time, but non-sig. between groups.	Content: psychodynamic formulations, attachment theory, social learning & cognitive behavioural theory, & ecological models as each contributes understanding about the impact, predictors, & mediators of marital violence on children's psychological functioning.	Intervention	Community	Psychologist	Individual caregiver-child dyads	CCP: 1hr x 50weeks TAU: 0.5hr phone call x 1/4weeks plus contact when needed.	-
Cicchetti, Rogosch, & Toth (2006) [34]	Infants in the maltreatment groups had sig.ly higher rates of disorganized attachment than infants in the NC group. At post intervention follow-up at age 26-mths, children in the IPP groups demonstrated substantial increases in secure attachment, whereas increases in secure attachment were not found for the CS & NC groups.	In IPP, the patient is not the mother or the infant, but rather it is the relationship between the mother & her baby.	Intervention	Clinic	Other	Individual caregiver-child dyads	Weekly for 1yr	-
Toth, Maughan,	Children in the PPP intervention evidenced more of a decline in maladaptive maternal	Within the therapeutic sessions, the clinician strives to alter the relationship	Intervention	Clinic	Other	Individual caregiver-	52 x 1hr	-

Authors & years	Detailed description of main findings	Intervention content/theory	Prevention or Intervention	Setting	Delivered by	Delivered to	Frequency & duration of session	Notes
Manly, Spagnola, & Cicchetti (2002) [35]	representations over time than Control children & displayed a greater decrease in negative self-representations than control children. Also, the mother–child relationship expectations of PPP children became more positive over the course of the intervention, as compared to control participants.	between mother & child. Toward this end, clinicians must attend to both the interactional & the representational levels as they are manifested during the therapy sessions. Attachment theory.				child dyads		
Lieberman, Ippen, & Van Horn (2006) [36]	Child behaviour & mothers distress was significantly reduced compared with the control group with effects maintained over 6mths	Theory: psychodynamic formulations, attachment theory, social learning & cognitive behavioural theory, & ecological models as each contributes understanding about the impact, predictors, & mediators of marital violence on children's psychological functioning.	Intervention	Community	Psychologist	Individual caregiver-child dyads	50 x 1hr	-
Weiner, Schneider, & Lyon (2009) [31]	For CPP, African American youth experienced improvement in every CANS domain. Biracial youth experienced sig. improvements in Traumatic Stress Symptoms, Strengths, Behavioural/emotional needs, & Risk Behaviours. Hispanic youth experienced sig. improvement in Traumatic Stress Symptoms, Life Domain Functioning, & Behavioural Emotional Needs. White youth improved sig. in Life Domain Functioning.	CPP is designed for children ages birth to 6. The treatment focuses on decreasing traumatic stress responses, learning difficulties, & relationship problems in infants & young children exposed to violence by improving the quality of parent–child relationships.	Intervention	Clinic	Other	Individual caregiver-child dyads	Weekly for 1yr	-
DePanfilis & Dubowitz (2005) [37]	Positive changes in protective factors (sig. parenting attitudes & social support; non-sig. for parenting competence); diminished risk factors (parent depression & stress); improved child safety & child behaviour over time. Non-sig. differences on any measures between FC3 & FC9 groups.	Content: Individual family support, Community outreach, tailored interventions, helping alliance, empowerment, strengths-based, cultural competence, developmental appropriateness, & outcome-driven service plans. Theory: social ecology (Brofenbrenner).	Prevention	Home	Social worker; Other	Individual caregiver-child dyads	1wk x 3mths mean:17hrs; or 1wk x 9mths mean:31hrs	*Original RCT incl. group intervention, but compliance was too low: caregivers, 32% attendance
Taussig & Colhane (2010) [38]	Time 2: No group differences on mental health symptoms. Intervention group scored higher on quality of life measure. Groups did not differ on self- or caregiver-reported use of mental health services or psychotropic medication. Time 3: Intervention group scored lower on mental health symptoms. Intervention group	Skills groups Content: Emotion recognition, perspective taking, problem solving, anger management, cultural identity, change & loss, healthy relationships, peer pressure, abuse prevention, & future orientation. Theory: CBT & Process-orientation Mentoring Content: To create positive	Intervention	Home	Trained clinician; Other	Groups of children; Individual child	Skills group: 1.5hrs x 30wks Mentoring 2-4hrs a wk.	Skills Group: 8-10 children, 2 facilitators

Authors & years	Detailed description of main findings	Intervention content/theory	Prevention or Intervention	Setting	Delivered by	Delivered to	Frequency & duration of session	Notes
	reported fewer symptoms of dissociation. The intervention group were less likely to report receiving recent mental health therapy.	relationships, help children receive appropriate services, apply skills learnt to real world settings, engage children in extracurricular activities, help foster positive future orientation. Theory: None specified.						
Crooks, Scott, Ellis, & Wolfe (2011) [39]	The program had a buffering impact for maltreated youth for delinquent peer interactions at post-intervention.	Content: Skill development: 1. Personal safety in relationships; 2. Sexual health; & 3. Substance use.	Prevention	School	Teacher	Groups of children	75 mins x 21sessions.	-
Eckenrode, Ganzel, Henderson, Smith, Olds, Powers, …, & Sidora (2000) [40]	Families receiving Home visitation during pregnancy & infancy had sig. fewer child maltreatment reports involving the mother as perpetrator or the study child as subject than families not receiving Home visitation. The number of maltreatment reports for mothers who received Home visitation during pregnancy only was not different from the control group. For mothers who received visits through the child's second birthday, the treatment effect decreased as the level of domestic violence increased.	Content: During Home visits, the nurses promoted 3 aspects of maternal functioning: health-related behaviours during pregnancy & the early years of the child's life, the care parents provide to their children, & maternal life-course development (family planning, educational achievement, & participation in the work force). Visits were held once every other week during pregnancy, once a week for the first 6 weeks postpartum, & then on a diminishing schedule until the children reached age 2yrs. Theory: Unspecified.	Prevention	Home	Nurse	Individual caregiver	Nurses completed an average of 9 (range:0-16) visits during the mother's pregnancy & 23 (range:0-59) visits with child aged birth to 2yrs.	-
Swenson, Schaeffer, Henggeler, Faldowski, & Mayhew (2010) [41]	Sig. improvement in Youth Mental Health symptoms, parenting psychiatric distress, maltreatment in parenting behaviour, out of Home (placement) factors, & improved natural support for parents compared to control. Non-sig. service utilisation (CPS reports), though there were reduced no.'s of report in MST-CAN group.	Theory: Social ecological conceptualization of behaviour, the physical abuse of youth has been linked to modifiable factors pertaining to the individual youth, parent & family systems. MST: address nature of serious clinical problems (adaptions can be used for serious emotional disturbance, sex offending, chronic illness). Home-based model to overcome barriers to service access, integrating evidence-based interventions & QA framework.	Both	Community	Counsellor; other	Individual families	MST-CAN: daily or 1-2 weekly (as needed) for up to 16mths, plus 24/7 crisis support.	Standard MST-CAN is 4-6-mths only.
Dawe & Harnett (2007) [42]	Risk for abuse: TAU group increased risk, Brief intervention & PUP had sig. reductions. Relationship: Parent stress (decrease)/ Child behaviour Prob. (decrease), child pro-social	Content: Comprehensive needs assessment & case formulation to establish targets for change. Brief intervention was two sessions of	Prevention	Home	Other	Individual caregiver	1x 10-12wks	Note: For all groups some participants remained high

Authors & years	Detailed description of main findings	Intervention content/theory	Prevention or Intervention	Setting	Delivered by	Delivered to	Frequency & duration of session	Notes
	(increase): PUP was only sig. group. Change from High risk to Low risk: PUP (36%) & Brief Intervention (17%). Change (worsening) from Low risk to High risk in TAU (42%).	parenting education. Theory: Case formulation, change models.						risk: PUP (36%), Brief (56%) & TAU (37%).
Jouriles, McDonald, Rosenfield, Norwood, Spiller, Stephens, …, & Ehrensaft (2010) [43]	For Parenting Support compared to control: Sig. improvement over time & sig. more rapid impact on perceived inability to parent & reduced harsh parenting. Sig rapid observed ineffective parenting, but no difference over time. Sig. reduction in psychological distress found in parenting support, not in control. No sig. effects found in control group over time.	Content: Designed to decrease coercive patterns of aggressive discipline & increase positive parenting, by: 1. teaching mother's child management skills; 2. providing instrumental & emotional support to mothers. A very intensive, hands-on approach.	Both	Home	Counsellor; Other	Individual families	Project Support: 1 x a week for 8mths. Mean: 22.1 TAU: 0-18 sessions +	Note: TAU (counselling, plus psycho-education or educational support).

Note: The Supported programs are categorised by author in this table. TF-CBT = Trauma focussed Cognitive Behaviour Therapy; CCT = Child-Centred Therapy; RCT = Randomised Controlled Trial; TN = Trauma Narrative; F = Female; M = Male; n= no. of participants in sample; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings; TAU = Treatment As Usual; CPP = Child-Parent Psychotherapy; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 2b. Summary of Supported programs

Name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Child-Parent Psycho-therapy (CPP)	To enhance parental capacity to provide safety & developmentally appropriate caregiving to their child/ children.	3 - 5	Ippen, Harris, Van Horn, & Lieberman (2011) [44]	USA	Child abuse, Neglect; Child sexual abuse; Family violence; Parental substance use; Parental mental illness; Other	Other	Child physical; Relationships & family or social functioning	RCT: Yes Control: 1mth case management & community service referral. Follow-up: 6mths	n=75 (child) F=39; M=36 mean:4.1 n=75 (mother) f=75; M=0 mean:31.5 n=27 (dyads)	See totals in previous cell	a. Yes b. No c. Yes d. 6mths
Child-Parent Psycho-therapy (CPP)	To foster child mental health by promoting a relational process, in which increased maternal responsiveness to the child's developmental needs strengthens the child's trust in the mother's capacity to provide protective care.	3 - 5	Lieberman, van Horn, & Ippen (2005) [33]	USA	Child abuse; Child sexual abuse; Family violence	Other	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: Case management plus TAU Follow up: None	n=36 (dyad)	n=29 (dyad)	a. Yes b. No c. N/A d. N/A
Child-Parent Psycho-therapy (CPP)	To foster positive child development, improved parent-child interaction, & decrease child maltreatment.	3 - 5	Toth, Maughan, Manly, Spagnola, & Cicchetti (2002) [35]	USA	Child abuse; Child sexual abuse; Neglect	Other	Relationships & family or social functioning; Psychological/ emotional or behavioural symptoms	RCT: Yes Controls: TAU & community sample Follow up: None	n=31 (family)	TAU: n=33 (family) Community: n=43 (family)	a. Yes b. No c. N/A d. N/A
Child-Parent Psycho-therapy (CPP)	To foster child mental health by promoting a relational process in which increased maternal responsiveness to the child's developmental needs strengthens the child's trust in the mother's capacity to provide protective care.	3 - 5	Lieberman, Ippen, & Van Horn (2006) [36]	USA	Family Violence; Child abuse; Child sexual abuse	Other	Psychological/emotional or behavioural symptoms	RCT: Yes Follow up Study: Lieberman, Van Horn & Ippen (2005)	See Lieberman, Van Horn & Ippen (2005)	See Lieberman, Van Horn & Ippen (2005)	a. N/A b. No c. Yes d. 6mths

Name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Child-Parent Psycho-therapy (CPP)	To decrease traumatic stress responses, learning difficulties & relationship problems in infants & young children exposed to violence by improving the quality of parent–child relationships.	0 - 6	Weiner, Schneider, & Lyon (2009) [31]	USA	Not specified	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=33 F=21; M=12 Mean:3.8	No control group	a. Non-sig. overall (sig. for racial groups on some measures) b. No c. N/A d. N/A
Fostering Healthy Futures	To provide skills groups & mentoring.	9 - 11	Taussig & Colhane (2010) [38]	USA	Child abuse; Neglect	Foster care	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: Wait-list Follow up: 6mths	n=77	n=79	a. Yes (Sig. on quality of life measure); Non-sig. between groups at end of intervention, but sig. diff at 6mths post intervention b. No c. Yes d. 6-mths
Fourth R: A school-based violence prevention program	To provide knowledge, awareness & skill development for personal safety in relationships, sexual health, & substance use. To reduce conflict & risk behaviours.	14 - 15	Crooks, Scott, Ellis, & Wolfe (2011) [39]	Canada	Neglect	Ethnicity; Other	Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: Control: TAU Standard curriculum Follow-up: 2.5yrs	n=865 F=493; M=372 14-15yrs	n= 655 F=327; M=328 14-15yrs	a. Yes b. No c. Yes d. 2.5yrs Duration: 21 sessions
Parents Under Pressure (PUP)	To provide comprehensive needs assessment & case formulation to establish targets for change.	2 - 8	Dawe & Harnett (2007) [42]	Australia	Child abuse; Neglect	Other	Relationships & family or social functioning; risk for childhood abuse	RCT: Yes Controls: TAU & Brief intervention Follow up: 3/6mths	n=22 (family)	n=20 (Brief Intervention); n=19 (TAU) (family)	a. Yes b. No c. Yes d. 3/6mths Duration: 1x 10-12wks.
Project Support	To reduce child conduct problems among families departing from domestic violence shelters.	3 - 8	Jouriles, McDonald, Rosenfield, Norwood, Spiller, Stephens, …,	USA	Family violence; Other	Other	Psychological/ emotional or behavioural symptoms; Relationships & family or social	RCT: Yes Control: TAU Follow-up: 8mths	n=17 (child)	n=18 (child)	a. Yes b. No c. Yes d. 8mths

Name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
			& Ehrensaft (2010) [43]				functioning; Service utilisation				

Note: TF-CBT = Trauma focussed Cognitive Behaviour Therapy; CCT = Child-Centred Therapy; RCT = Randomised Controlled Trial; TN = Trauma Narrative; F = Female; M = Male; n= no. of participants in sample; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings; TAU = Treatment As Usual; CPP = Child-Parent Psychotherapy. a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 2c. Summary of Supported approaches by theory

Approach name	Authors & year	Approach theory								Intervention	Prevention
		CBT	Trauma narrative	Trauma exposure	Ecological/systems	Attachment/ Relational	Neurobiological	Mindfulness	Psycho-dynamic		
Approach type: Programs											
CPP: Child-Parent Psychotherapy	Ippen, … & Lieberman (2011) [32S]		✓		✓	✓				✓	
	Lieberman, … & Ippen (2005) [33S]		✓		✓	✓				✓	
	Cicchetti, … & Toth (2006) [34]		✓		✓	✓				✓	
	Toth, … & Cicchetti (2002) [35]		✓		✓	✓				✓	
	Lieberman, … & Van Horn (2006) [36S]		✓		✓	✓				✓	
	Weiner, … & Lyon (2009) [31]		✓		✓	✓				✓	
Fostering Healthy Futures	Taussig & Colhane (2010) [38]	✓				✓				✓	
Fourth R: violence prevention	Crooks, … & Wolfe (2011) [39]	Not reported/applicable									✓
PUP: Parents under Pressure	Dawe & Harnett (2007) [42]	✓				✓		✓			✓
Project Support	Jouriles, … & Ehrensaft (2010) [43]	✓				✓				✓	✓
Total programs		**3**	**1**	**0**	**1**	**4**	**0**	**1**	**0**	**3**	**3**
Approach Type: Service Models											
Family Connections	DePanfilis & Dubowitz (2005) [37]				✓						✓
Nurse Home Visiting Service	Eckenrode, … & Sidora (2000) [40]	Not reported/applicable									✓
Total service models		**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
Approach Type: Systems of Care											
MST-CAN: multi-systemic therapy	Swenson, … & Mayhew (2010) [41]	✓			✓					✓	
Total systems of care		**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**0**

Note: CBT = Cognitive Behaviour Therapy; [S] These three articles reported on the same study and this was the only CPP study that was an RCT with 6 months follow-up.

Table 2d. Summary of Supported programs by approach elements, setting and delivery mode

Approach name	Authors & year	Elements			Setting				Delivered by						Delivered to				
		Dose	Training	Program fidelity	Clinic	Community	Home	School	Psychologist	Social worker	Counsellor	Teacher	Nurse	Unspecified professional, paraprofessional	Individual child	Individual caregiver	Child-caregiver dyad	Individual families	Groups of children
CPP: Child-Parent Psychotherapy	Ippen, … & Lieberman (2011) [44S]	50 x 1hr	M	✓	✓				✓							✓	✓		
	Lieberman, … & Ippen (2005) [33S]	50 x 1hr	M	✓	✓				✓							✓	✓		
	Cicchetti, … & Toth (2006) [34]	52 sessions	M	✓	✓									✓			✓		
	Toth, … & Cicchetti (2002) [35]	52 x 1hr	M	✓	✓									✓			✓		
	Lieberman, … & Van Horn (2006) [36S]	50 x 1hr	M	✓		✓			✓								✓		
	Weiner, … & Lyon (2009) [31]	52 sessions	M	✓	✓									✓			✓		
Fostering Healthy Futures	Taussig & Colhane (2010) [38]	30 x 1.5hr / 30 x 2-4hr	M	✓			✓			✓				✓	✓				✓
Fourth R: violence prevention	Crooks, … & Wolfe (2011) [39]	21 x 1.25hr	✓	✓				✓				✓							✓
PUP: Parents under Pressure	Dawe & Harnett (2007) [42]	10 x 1.5-2hr	✓	✓			✓							✓		✓			
Project Support	Jouriles, … & Ehrensaft (2010) [43]	1-1.5hrs; up to 8mths[1]	✓	✓			✓							✓		✓			
Total			**5**	**5**	**1**	**1**	**3**	**1**	**1**	**1**	**0**	**1**	**0**	**4**	**1**	**3**	**1**	**0**	**2**

NOTE: [1] = as needed/ unspecified time spent in sessions. M = Manualised program (refers to the study noting that therapists followed intervention protocols via the use of a session based written manual. In these articles there was no notation of therapist training as per the description above). [S] These three articles reported on the same study and this was the only CPP study that was an RCT with 6 months follow-up. Fidelity – refers to the study monitoring the adherence of therapists to the intervention protocol (i.e., such as supervision, or reviewing of video or audiotapes of sessions). Training – refers to the study noting that therapists were provided specific training of the intervention protocol.

Table 2e. Summary of Supported programs by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific\focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
CPP: Child-Parent Psychotherapy	Ippen, … & Lieberman (2011) [44S]	3-5	TS/F TIC		✓	✓	✓	✓	✓					✓				
	Lieberman, … & Ippen (2005) [33S]	3-5				✓	✓		✓					✓				
	Cicchetti, … & Toth (2006) [34]	1-3			✓		✓								✓			
	Toth, … & Cicchetti (2002) [35]	3-5			✓	✓	✓							✓	✓			
	Lieberman, … & Van Horn (2006) [31S]	3-5			✓	✓		✓						✓				
	Weiner, … & Lyon (2009) [33]	0-6									✓			✓				
Fostering Healthy Futures	Taussig & Colhane (2010) [37]	9-11[B]	TS/F		✓		✓							✓			✓	
Fourth R: violence prevention	Crooks, … & Wolfe (2011) [39]	3-8	TS/F		✓	✓	✓	✓						✓	✓	✓		
PUP: Parents under Pressure	Dawe & Harnett (2007) [32]	2-8[A]		✓					✓			✓		✓				
Project Support	Jouriles, … & Ehrensaft (2010) [35]	3-8			✓		✓	✓				✓		✓				
Total programs				**1**	**4**	**2**	**4**	**3**	**2**	**0**	**1**	**2**	**0**	**5**	**2**	**1**	**1**	**0**

Note: [A]= At risk; [B]= Fostercare; SMU = Substance misuse; TS/F = Trauma specific/ focused; TIC = Trauma informed care; MI = Mental illness; PEBS[1]= Psychological/ emotional or behavioural symptoms; RFSF[2]= Relationships & family/ social functioning. [S] These three articles reported on the same study and this was the only CPP study that was an RCT with 6 months follow-up.

Table 3a. Summary of Supported service models

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Family Connections (3- or 9-mth intervention) with/ without group intervention	To increase protective factors (parenting, family & social support) & decrease risk (stress/ parental depression) for abuse in inner-city families.	5 - 11	DePanfilis & Dubowitz (2005) [37]	USA	Neglect; Family violence; Parental substance use; Parental mental illness; Other	Ethnicity	Psychological/ emotional or behavioural symptoms; Service utilisation; Risk for childhood abuse	RCT: Yes Controls: FC 3-mth or FC Follow-up: 6 & 9mths	Combined samples n=154 (parent); n=473 (child) 0-20yrs	See totals in previous cell.	a. Yes b. No c. Yes d. 6mths
Nurse Home visiting service	To prevent child abuse, neglect or maltreatment.	1 - 2	Eckenrode, Ganzel, Henderson, Smith, Olds, Powers, …, & Sidora (2000) [40]	USA	Other	At risk families	Service utilisation	RCT: Yes Control: TAU (T1: pregnancy visits) & (T1: infant-age) Follow-up: 15yrs	T1 n=100 (mother) T2 n= 116 (mother)	n=184 (mother)	a. Yes (at Time 2 only) b. No c. Yes d. 15yrs

Note: TAU = Treatment As Usual; RCT = Randomised Controlled Trial; T = time; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 3b. Summary of Supported service models by program elements, setting and delivery mode

Approach name	Authors & year	Elements			Setting				Delivered by						Delivered to				
		Dose	Training	Program fidelity	Clinic	Community	Home	School	Psychologist	Social worker	Counsellor	Teacher	Nurse	Unspecified professional, paraprofessional	Individual child	Individual caregiver	Child-caregiver dyad	Individual families	Groups of children
Family Connections	DePanfilis & Dubowitz (2005) [37]	12/40 x 1.5hr	✓	✓			✓			✓							✓		
Nurse Home visiting service	Eckenrode, … & Sidora (2000) [40]	Up to 30mths[1]		✓			✓						✓			✓			
Total service models			**1**	**2**	**0**	**0**	**2**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**1**	**1**	**0**	**0**

NOTE: [1] = as needed/ unspecified time spent in sessions. Note: Direct comparison between programs in this table is should be avoided because they take a number of forms constituted under the term program (e.g., trauma specific interventions, systems of care). Fidelity – refers to the study monitoring the adherence of therapists to the intervention protocol (i.e., such as supervision, or reviewing of video or audiotapes of sessions). Training – refers to the study noting that therapists were provided specific training of the intervention protocol.

Table 3c. Summary of Supported service models by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
Family Connections	DePanfilis & Dubowitz (2005) [37]	5-11[E]					✓	✓	✓	✓	✓	✓		✓			✓	
Nurse Home Visiting Service	Eckenrode, … & Sidora (2000) [40]	0-2[A]			✓	✓	✓										✓	
Total service models				**0**	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**1**	**0**	**1**	**0**	**0**	**2**	**0**

Note: [E] = Ethnicity; [A]= At risk; TS/F = Trauma specific/ focused; TIC = Trauma informed care; SMU = Substance misuse; MI = Mental illness; PEBS[1]= Psychological/ emotional or behavioural symptoms; RFSF[2]= Relationships & family/ social functioning.

Table 4a. Summary of Supported systems of care

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Multisystemic Therapy for Child Abuse & Neglect (MST-CAN)	To improve youth & parent functioning, reduce abusive parenting behaviour, & decrease abuse & placement.	10 - 17	Swenson, Schaeffer, Henggeler, Faldowski, & Mayhew (2010) [41]	USA	Child abuse; Neglect	Other	Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning; Service utilisation	RCT: Yes Control: Enhanced Outpatient treatment (TAU) Follow up: 2/ 4/10/16mths	n=45	n=45	a. Yes b. No c. Yes d. Months: 2, 4, 10, 16

Note: TF = Trauma specific or trauma focused but not trauma informed; TIC = Trauma informed care; RCT = Randomised Controlled Trial; F = Female; M = Male; n= no. of participants in sample; TAU = Treatment As Usual; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 4b. Summary of Supported systems of care by program elements, setting and delivery mode

Approach name	Authors & year	Elements			Setting				Delivered by						Delivered to				
		Dose	Training	Program fidelity	Clinic	Community	Home	School	Psychologist	Social worker	Counsellor	Teacher	Nurse	Unspecified professional, paraprofessional	Individual child	Individual caregiver	Child-caregiver dyad	Individual families	Groups of children
MST-CAN: multi-systemic therapy	Swenson, … & Mayhew (2010) [41]	Up to 16mths[1]	✓	✓		✓	✓							✓				✓	
Total systems of care			**1**	**1**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**

NOTE: [1] = as needed/ unspecified time spent in sessions. M = Manualised program (refers to the study noting that therapists followed intervention protocols via the use of a session based written manual. In these articles there was no notation of therapist training as per the description above). Note: Direct comparison between programs in this table is should be avoided because they take a number of forms constituted under the term program (e.g., trauma specific interventions, systems of care). Fidelity – refers to the study monitoring the adherence of therapists to the intervention protocol (i.e., such as supervision, or reviewing of video or audiotapes of sessions). Training – refers to the study noting that therapists were provided specific training of the intervention protocol.

Table 4c. Summary of Supported systems of care by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
MST-CAN: multi-systemic therapy	Swenson, … & Mayhew (2010)[41]	10-17	TS/F TIC		✓		✓					✓		✓	✓		✓	
Total systems of care				**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**1**	**0**	**1**	**0**

Note: TS/F = Trauma specific/ focused; TIC = Trauma informed care; SMU = Substance misuse; PEBS = Psychological, Emotional and Behavioural Symptoms; RFSF = Relationships, Family and Social Functioning.

Table 5a. Summary of Promising A programs

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Attachment & Bio-behavioural Catch up Intervention (ABC)	To decrease frightening behaviour & to enhance nurturing/ sensitive care for parents identified as at risk for neglecting young children & at risk of developing a disorganized attachment style.	0 - 2.5	Bernard, Dozier, Bick, Lewis-Morrarty, Lindhiem, & Carlson (2012) [45]	USA	Neglect	Ethnicity; Other	Relationships & family or social functioning	RCT: Yes Control: ABC without parental sensitivity Follow up: None	n=60 (dyads) F=26; M=34 Combined sample: (mean:10mth range:2-21)	n=60 (dyads) F=25; M=35	a. Yes b. No c. N/A d. N/A Note: Control group= removed components re: parental sensitivity.
Attachment & Bio-behavioural Catch up Intervention (ABC)	To help parents/ caregivers reinterpret behavioural cues in children who fail to elicit nurturance & decrease caregiver discomfort in providing nurturance.	0 - 5	Sprang (2009) [46]	USA	Child abuse; Neglect	Foster care	Psychological/emotional or behavioural symptoms; Relationships & family or social functioning	RCT: Yes Control: Waitlist (support groups) Follow up: None	n=26 (dyads)	n=27 (dyads)	a. Yes b. No c. N/A d. N/A
Cognitive Behavioural Therapy (CBT)	To address aggressive tendencies by teaching coping skills, effective prob. solving & replace maladaptive schemas. Teach new ways to deal with stressful social encounters.	12 - 16	LeSure-Lester (2002) [47]	USA	Child abuse; Neglect	Residential care; Ethnicity	Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: Yes Control (52wks indirect) Follow up: None	n=6 f=0; m=6	n=6 F=0; M=6	a. Yes b. No c. N/A d. N/A
Cognitive Behaviour Therapy	To examine psychosocial functioning after disclosure of sexual abuse history using gender-specific CBT. A holistic intervention (i.e., structured personal journal, creative expression, empowerment, role-playing) to address health, mental health, substance abuse, & family issues.	12 - 17	Arnold, Kirk, Roberts, Griffith, Meadows, & Julian (2003) [48]	USA	Child sexual abuse	Residential care; Ethnicity; Juvenile offenders; Substance abusers	Cognition; Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: no Pre/ Post treatment measures Follow up: None	n=41 F=41; M=0	No comparison group	a. Yes all domains sig. Mixed findings for relationships (sig. for problems with father & school; non-sig. for problems with mother & with friends). b. No c. N/A d. N/A
Cognitive	To reduce trauma	10-16	Morsette,	USA	Not	Ethnicity	Psychological/	RCT: No	n=43	No comparison	a. Yes

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Behavioural Intervention for Trauma in Schools (CBITS)	symptoms.		van den Pol, Schuldberg, Swaney, & Stolle (2012) [49]		specified		emotional or behavioural symptoms	Control: Pre/post treatment measures Follow up: 3yr (limited)	F=24; M=19 mean:12.7	group	b. No c. N/A d. 3yr measure of program acceptability/ appropriateness.
Cognitive Behavioural Intervention for Trauma in Schools (CBITS)	To reduce symptoms of PTSD & depression in children who have been exposed to violence.	11-15	Stein, Jaycox, Kataoka, Wong, Tu, Elliot, & Fink (2002) [50]	USA	Family violence; Other	Other	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: Delayed treatment Follow up: 3mths	n=61	n=65	a. Yes b. No c. No d. 3mth (control group at end of treatment).
Cognitive Behavioural Intervention for Trauma in Schools (CBITS)	To reduce symptoms of PTSD & depression in children who have been exposed to violence.	11-15	Goodkind, LaNoue, & Milford (2010) [51]	USA	Family violence; Other	Ethnicity	Psychological/ emotional or behavioural symptoms	RCT: No Control: Delayed treatment Follow up: 3/6mths	n=23 F=16; M=7 mean:13.4	n=23 F=16; M=7 mean: 13.4	a. Yes b. No c. Yes (depression & anxiety) non-sig. (PTSD & avoidance) d. 6mths
Cognitive Behavioural Intervention for Trauma in Schools (CBITS)	To reduce symptoms of PTSD & depression in children who have been exposed to violence.	11-15	Kataoka, Stein, Jaycox, Wong, Escudero, Tu, …, & Fink (2003) [52]	USA	Family violence; Other	Ethnicity	Psychological/emotional or behavioural symptoms	RCT: No Control: Delayed treatment Follow up: 3mths	n=152 F=92; M=90 mean:11.5	n=47 F=22; M=25 mean:11.2	a. Yes b. No c. No d. 3mths
Child & Family Cognitive Behavioural Therapy (CBT) for sexually abused children	To use psycho-education, coping skills, relaxation, behaviour, rehearsal, assertive behaviour, graded exposure, relapse prevention, problem sharing, abuse-discussion, child behaviour manage, parental coping to reduce PTSD symptoms.	5 - 17	King, Tonge, Mullen, Myerson, Heyne, Rollings, …, & Ollendick (2000) [53]	Australia	Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms	RCT: Yes Controls: 2 treatment & Waitlist (WLC) Follow up: 3mths	Combined samples: n=36 F=24; M=11 mean:11.5	WLC: n=12	a. Yes for treatment versus control; non-sig. between treatment conditions b. No c. Yes d. 3mth
Combined Parent-Child Cognitive	To address the complex needs of the parent who engages in physically	Not specified	Runyon, Deblinger, and	USA	Child abuse, Family	Caregiver offenders; Other	Psychological/ emotional or behavioural	RCT: No Control: Pre/post	n=21 (child) n=24 (parent)	No comparison group	a. Yes b. No c. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Behavioural Therapy (CPC-CBT)	abusive behaviour & the traumatized child.		Schroeder (2009) [54]		Violence, Child sexual abuse		symptoms	treatment measures Follow up: None			d. N/A
Combined Parent-Child Cognitive Behavioural Therapy (CPC-CBT)	To address the complex needs of the parent who engages in physically abusive behaviour & the traumatized child.	Not specified	Runyon, Deblinger, & Steer (2010) [55]	USA	Child abuse	Caregiver offenders; Other	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: Parent-only CBT Follow up: 3mths	n=34 (child) n= 24 (parent)	n= 26 (child) n=20 (parent)	a. Yes (PTSD; equally internalising & externalising child behaviour). b. No c. Yes d. 3mths
Eye Movement Desensitization & Reprocessing (EMDR)	To reduce PTSD symptoms in sexually abused children.	12 - 13	Jaberghaderi, Greenwald, Rubin, Zand, & Dolatabadi (2004) [56]	Iran	Child sexual abuse	Ethnicity	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: Alternate (CBT) Follow up: None	n=7 (child) f=7; M=0	n=7 (child) F=7; M=0	a. Yes b. No c. N/A d. N/A
Eye Movement Desensitization & Reprocessing (EMDR)	To treat children with conduct disorder.	10 - 16	Soberman, Greenwald, & Rule (2002) [57]	USA	Not specified	Other	Psychological/ emotional or behavioural symptoms	RCT: No Control: TAU without EMDR Follow up: 2mths	n=14	n=15	a. Yes b. No c. Yes d. 2mths
Eye Movement Desensitization & Reprocessing (EMDR)	To compare the effects of EMDR with a waiting list condition (WLC) in RCT for children suffering from PTSD elicited by various traumatic events.	6 - 16	Ahmad, Larsson & Sundelin-Wahlsten (2007) [58]	Sweden	Child sexual abuse; Neglect, parental substance use; Parental mental illness, Other	Foster Care; Ethnicity; Caregiver offenders; Other	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: No treatment Follow up: None	n=16 F=10; M=7 range:6-15 mean:9.6	n=17 F=10; M=6 range:6-16 mean:10.3	a. Yes b. No c. N/A d. N/A
Eye Movement Desensitization & Reprocessing (EMDR)	To test the treatment effect size of a special protocol for EMDR used in treatment of children with PTSD.	6 - 16	Ahmad & Sundelin-Wahlsten (2008) [59]	Sweden	Child sexual abuse; Neglect: Parental substanc	Foster care; Ethnicity; Caregiver offenders; Other	Psychological/ emotional or behavioural symptoms	RCT: Yes Control (half had 2mth delayed treatment) Follow up:	n=33 F=20; M=13 Mean:9.6 range:5–15	n=16-17	a. Yes b. No c. N/A d. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
					e use; Parental mental illness			None			
Infant-Parent Psychotherapy (IPP)	IPP: To focus on mother's interactional history & its effect on her representation on relationship to infant. PPI: To focus on current behaviour utilizing intervention skills (parent-skills oriented).	1-1	Cicchetti, Rogosch, & Toth (2006) [34]	USA	Child abuse; Neglect	Ethnicity; Other	Relationships & family or social functioning	RCT: Yes Controls: TAU & Psycho-educational Parenting Intervention (PPI) Follow up: None (1.2yr post-intervention)	n=137 infant (TAU; IPP; PPI) F=77; M=60 mean:1.1	n=52 infant (normative control: low income) F=24; M=28 mean1.1	a. Yes (but equally for both groups). b. No c. N/A d. N/A
Parent-Child Interaction Therapy (PCIT)	To assist parents to maintain consistent limits, to ignore minor disruptive behaviours, to manage their own emotions during negative interactions, to identify effective time-out strategies, & to implement strategies effectively & judiciously.	2.5 - 7	Thomas & Zimmer-Gembeck (2011) [60]	Australia	Child abuse; Neglect	At risk families	Relationships & family or social functioning; Psychological/ emotional or behavioural symptoms	RCT: Yes Controls: Wait List (12wks) & Treatment completion Follow up: 1mth	n=99 (family)	n=51 (family)	a. Yes (parent-child interactions; stress; behaviour) ; Non-sig (child abuse potential)* b. No c. Yes d. 1mth *Note: one measure found evidence for reduced 'child abuse potential' but this could not be compared with the wait-list due to the study design
Parent-Child Interaction Therapy (PCIT)	To offer a parent training program that helps parents address children's behaviour problems. Stage 1: Relationship enhancement phase (child-directed interaction; CDI), & Stage 2: discipline phase	2 - 10	Galanter, Self-Brown, Valente, Dorsey, Whitaker, Bertuglia-Haley, & Prieto (2012)	USA	Child abuse; Neglect	Ethnicity; Other; Caregiver offenders	Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	n=83 F=73; M=10	No control group	a. Yes b. No c. N/A d. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
	(parent-directed interaction; PDI).		[61]								
Parent-Child Interaction Therapy (PCIT)	To enhance the parent–child relationship through the use of play therapy that incorporates both parent & child within the treatment session as well as the use of live coaching.	Not specified	Pearl (2008) [62]	USA	Family violence	At risk families	Psychological/emotional or behavioural symptoms	RCT: No Case Study Follow up: 7mths	n=1 (mother & 3yr old child)	No control group	a. Yes b. No c. Yes d. 7mths
Parent-Child Interaction Therapy (PCIT)	To enhance the parent–child relationship through the use of play therapy that incorporates both parent & child within the treatment session as well as the use of live coaching.	Not specified	Pearl, Thieken, Olafson, Boat, Connelly, Barnes, & Putnam (2012) [63]	USA	Not specified	At risk families	Psychological/emotional or behavioural symptoms; Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	n=53 (family) F=24; M=59 mean:5.4	No control group	a. Yes b. No c. N/A d. N/A
Parent-Child Interaction Therapy (PCIT)	To prevent child abuse by improving parent-child interaction skills & discipline skills.	4 - 12	Hakman, Chaffin, Funderburk & Silovsky (2009) [64]	USA	Child abuse	At risk families	Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	n=22 (dyads) parents: (F=77%, M=23% mean:32.0) Child: (F= 36%, M=64% mean:7.0)	No comparison group	a. Yes b. No c. N/A d. N/A
Parent-Child Interaction Therapy (PCIT)	To teach parents very specific but very limited set of parenting skills. To teach risk factors for engaging in physically abusive behaviours clearly extend beyond parenting & include broad parental & familial factors.	2-12	Chaffin, Silovsky, Funderburk, Valle, Brestan, Balachova, …, & Bonner (2004) [65]	USA	Child abuse	Caregiver offenders	Service utilisation	RCT: Yes Controls : TAU & enhanced individual PCIT Follow up: None	n=110 (dyads)	See total in previous cell	a. Yes b. No c. N/A d. N/A
Parent-Child Interaction Therapy (PCIT)	To reduce the presenting clinical problems of young children.	2-7	McNeil, Hershell, Gurwitch, & Clemens-Mowrer (2005) [66]	USA	Child abuse; Neglect	Foster care	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=33 (dyads) mean:5.2	No comparison group	a. Yes b. No c. N/A d. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Short-term attachment-based intervention	To change risk outcomes for children of maltreating families.	1 - 5	Moss, Dubois-Comtois, Cyr, Tarabulsy, St-Laurent, & Bernier (2011) [67]	Canada	Child abuse; Child sexual abuse; Neglect	Other	Psychological/ emotional or behavioural symptoms; Risk for childhood abuse	RCT: Yes Control: TAU Follow up: None	n=35 (family) mean:3.3	n=32 (family) mean:3.4	a. No (psychological, except for older aged children); Yes (risk for childhood abuse). b. No c. N/A d. N/A
Seeking Safety (SS)	To target current posttraumatic stress disorder & substance use disorder concurrently.	13 - 18	Najavits, Gallop, & Weiss (2006) [68]	USA	Not specified	Substance abusers	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: TAU Follow up: 3mths	n=18 F=18; M=0	n=15 F=15; M=0	a. Yes b. No c. Yes (but not across all measures). d. 3mths
SOS! Helps for parents	To provide a preventive intervention to mothers of young children.	2 - 6	Oveisi, Ardabili, Dadds, Majdzadeh, Mohammadkhani, Rad, & Shahrivar (2010) [69]	Iran	Other	Other	Risk for childhood abuse	RCT: Yes Control: No treatment Follow up: 2mths	n=136	n=136	a. Yes b. No c. Yes d. 2mths
Support for Students Exposed to Trauma	To reduce post-traumatic & depressive symptoms & improve functioning in middle school youth who have been exposed to traumatic events.	Not specified	Jaycox, Langley, Stein, Wong, Sharma, Scott, & Schonlau (2009) [70]	USA	Other	Other	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: Waitlist Follow up: None	n=39 (child) F=21; M=18 mean:11.4yrs	n=37 (child) F=18; M=19 Mean: 11.5yrs	a. Yes b. No c. N/A d. N/A
Trauma Affect Regulation: Guide for Education & Therapy (TARGET)	To reduce PTSD symptoms & improve emotional regulation in delinquent female youths.	13 - 18	Ford, Steinberg, Hawke, Levine, & Zhang (2012) [71]	USA	Child abuse; Child sexual abuse; Family violence; Parental substance use	Juvenile offenders	Psychological/ emotional or behavioural symptoms	RCT: Yes Control : TAU (enhanced) Follow up: None	n=33	n=26	a. Yes (PTSD & affect regulation); Non-sig. (anger domain TAU better) b. No c. N/A d. N/A
Trauma	To teach youths who	13 - 18	Ford &	USA	Not	Juvenile	Service utilisation	RCT: No	n=197	n=197	a. Yes (other -

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Affect Regulation: Guide for Education & Therapy (TARGET)	behave problematically to better manage their emotions, thoughts, & behaviour.		Hawke (2012) [72]		specified	offenders		Control: Matched sample (gender & age) Follow up: None			incidents within the facility); Non-sig. (service utilisation), b. No c. N/A d. N/A
Trauma-focused ARC (attachment, Self-regulation & competency) Intervention Model	To provide clinical illustration & associated outcomes from the first naturalistic program evaluation of the ARC model applied to young children impacted by complex trauma exposure & maladaptation.	3 - 12	Arvidson, Kinniburgh, Howard, Spinazzola, Strothers, Evans, …, & Blaustein (2011) [73]	USA	Child abuse; Child sexual abuse: Neglect; Family violence; Parental substance use; Parental mental illness; Other	Foster care; Ethnicity	Child physical; Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning; Service utilisation	RCT: No Control: Non-completer Follow up: None (comments about later service utilisation)	n=21	n=24	a. Yes b. No c. Yes (service utilisation only) d. Not specified
Trauma focused art therapy intervention	To reduce trauma symptoms.	Not specified	Lyshak-Stelzer, Singer, Patricia, & Chemtob (2007) [74]	USA	Not specified	Other	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: TAU Follow up: None	n=14 mean:14.8	n=15 mean:15.1	a. Yes b. No c. N/A d. N/A
Trauma Intervention Program for Adjudicated & At-Risk Youth (SITCAP-ART)	To diminish terror in exposed individuals & facilitate feelings of safety using sensory-based therapeutic activities & CBT.	13 - 18	Raider, Steele, Delillo-Storey, Jacobs, & Kuban (2008) [75]	USA	Not specified	Other	Psychological/emotional or behavioural symptoms	RCT: Yes Control: Waitlist Follow up: None	n=13 range:15-18	n=10 range:15-18	a. Yes b. No c. N/A d. N/A
Triple P - Enhanced Group Behavioural Family	To improve parent/child interactions to reduce the risks for child maltreatment.	2 - 7	Sanders, Pidgeon, Gravestock, Connors, Brown, &	Australia	Child abuse; Neglect	Caregiver offenders; Other	Psychological/ emotional or behavioural symptoms; Risk for childhood abuse	RCT: Yes Control: Triple P – Standard Group Behavioural	n=50 (parent) mean: 34.2 (parent) mean:2.4	n=48 (parent) mean: 33.3 (parent) mean:1.9	a. Yes b. No c. No (improvements were maintained

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Intervention			Young (2004) [76]					Family Intervention (TAU) Follow up: 6mths	(child)	(child)	but group differences attenuated). d. 6mths

Note: TF-CBT = Trauma focussed Cognitive Behaviour Therapy; CCT = Child-Centred Therapy; RCT = Randomised Controlled Trial; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings; TAU = Treatment As Usual; CPP = Child-Parent Psychotherapy; F = Female; M = Male; n= no. of participants in sample; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 5b. Summary of Promising A programs by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific\focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
Attachment and Biobehavioural Catchup Intervention (ABC)	Bernard, … & Carlson (2012) [45]	0-2.5					✓								✓			
	Sprang (2009) [46]	0-5			✓		✓							✓	✓			
Cognitive Behavioural Therapy (CBT)	LeSure-Lester (2002) [47]	12-16			✓		✓							✓	✓			
	Arnold, … & Julian (2003) [48]	12-17				✓								✓	✓			✓
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Morsette, … & Stolle (2012) [49]	Not specified	TS/F TIC		Not specified									✓				
	Stein, … & Fink (2002) [50]	11-15						✓			✓			✓				
	Goodkind, … & Milford (2010) [51]	11-15						✓			✓			✓				
	Kataoka, … & Fink (2003) [52]	11-15						✓			✓			✓				
Child & Family Cognitive Behavioural Therapy (CBT) for sexually abused children	King, , … & Ollendick (2000) [53]	5-17	TS/F	✓		✓								✓				
Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT)	Runyon, … & Schroeder (2009) [54]	Not specified	TS/F		✓									✓				
	Runyon, … & Steer (2010) [61]	Not specified			✓	✓		✓						✓				
Eye Movement Desensitization & Reprocessing (EMDR)	Jaberghaderi, … & Dolatabadi (2004) [56]	12-13	TS/F			✓								✓				
	Soberman, … & Rule (2002) [57]	10-16			Not specified									✓				
	Ahmad, … & Sundelin-Wahlsten (2007) [58]	6-16				✓	✓		✓	✓	✓			✓				
	Ahmad & Sundelin-Wahlsten (2008) [59]	6-16				✓	✓		✓	✓				✓				
Infant-Parent Psychotherapy (IPP)	Cicchetti, … & Toth (2006) [34]	1-1	TS/F		✓		✓								✓			
Parent-Child Interaction Therapy (PCIT)	Thomas & Zimmer-Gembeck (2011) [60]	2-12	TS/F TIC		✓		✓							✓	✓			
	Galanter, … & Prieto (2012) [61]	2-12			✓		✓								✓				
	Pearl (2008) [62]	2-12						✓						✓				
	Pearl, … & Putnam (2012) [63]	2-12			Not specified									✓	✓			
	Hakman, … & Silovsky (2009) [64]	2-12			✓										✓			
	Chaffin, … & Bonner (2004) [65]	2-12			✓												✓	

Approach name	Authors & year	Age	Trauma-specific\focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS¹	RFSF²	Educational	Service utilisation	Cognition
	McNeil, … & Clemens-Mowrer (2005) [66]	2-7			✓		✓							✓				
Short-term attachment-based intervention	Moss, … & Bernier (2011) [67]	1-5			✓	✓	✓							✓				
Seeking Safety (SS)	Najavits, … & Weiss (2006) [68]	13-18	TS/F		Not specified									✓				
SOS! Helps for parents	Oveisi, … & Shahrivar (2010) [69]	2-6									✓	✓						
Support for Students Exposed to Trauma	Jaycox, … & Schonlau (2009) [70]	mean:11.5	TS/F								✓			✓				
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	Ford, … & Zhang (2012) [47,71 48,72 48,72] {Ford, 2012}	13-18	TS/F		✓	✓		✓	✓					✓				
	Ford & Hawke (2012) [72]	13-18			Not specified												✓	
Trauma-focused ARC (attachment, Self-regulation & competency) Intervention Model	Arvidson, … & Blaustein (2011) [73]	3-12	TS/F TIC		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	
Trauma focused art therapy intervention	Lyshak-Stelzer, … & Chemtob (2007) [74]	Not specified	TS/F		Not specified									✓				
Trauma Intervention Program for Adjudicated and At-Risk Youth (SITCAP-ART)	Raider, … & Kuban (2008) [75]	13-18	TS/F		Not specified									✓				
Triple P - Enhanced Group Behavioural Family Intervention	Sanders, … & Young (2004) [76]	2-7		✓	✓		✓					✓		✓				
Total programs				2	9	7	8	5	3	2	5	3	0	15	5	0	3	1

Note: TS/F = Trauma-specific/ focused; TIC = Trauma-informed care; SMU = Substance misuse; MI = Mental illness; PEBS¹= Psychological/ emotional or behavioural symptoms; RFSF²= Relationships & family/ social functioning.

Table 6a. Summary of Promising A service models

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Child protection services (CPS) concurrent with family preservation services (FPS)	To combine family preservation services with child protection services to minimise use of out-of-Home placements.	Not specified	Walton (2001) [77]	USA	Child abuse; Neglect	Other	Service utilisation; Relationships & family or social functioning	RCT: Yes Control: TAU (post-treatment only) Follow up: None	n=97 (family) mean:8.0	n=111 (family)	a. Yes b. No c. N/A d. N/A
Healthy Families America	To promote positive parenting, enhance child health & development, & prevent child maltreatment (America)	0 - 7	Cullen, Ownbey, & Ownbey (2010) [78]	USA	Neglect	At risk families	Relationships & family or social functioning; Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=116	See total in previous cell.	a. Yes b. No c. N/A d. N/A
Healthy Families America	To decrease the occurrence of abuse & neglect among high-risk families & specifically target 95% of children with no substantiated child abuse/ neglect (Alaska)	0 - 2	Gessner (2008) [79]	USA	Child abuse; Neglect	At risk families	Child physical; Service utilisation	RCT: No Design: retrospective cohort Follow up: None	n=985	See total in previous cell.	a. No b. No c. N/A d. N/A
Healthy Families America	To prevent child maltreatment by promoting positive parenting & child health & development (Alaska)	0 - 5	Duggan, Caldera, Rodriguez, Burrell, Rohde, & Crowne (2007) [80]	USA	Other	At risk families	Service utilisation; Risk for childhood abuse	RCT: Yes Control: TAU Follow up: None	n=162 (family)	n=163 (Family)	a. Yes (for one measure of risk for abuse). No (for other measures of abuse & service utilise). b. No c. N/A d. N/A
Healthy Families America	To promote positive parenting, enhance child health & development, & prevent child abuse & neglect (Arizona)	0 - 5	LeCroy & Krysik (2011) [81]	USA	Child abuse; Neglect	At risk families	Relationships & family or social functioning	RCT: Yes Control: Child development Follow up: 6- & 12mths	n=97	n=98	a. Yes b. No c. No d. 6 or 12mths
Healthy Families America	To use screening & assessment to identify families at-risk of child	0 - 5	Duggan, McFarlane, Fuddy, Burrell,	USA	Child abuse; Neglect	At risk families	Child physical; Relationships & family or social	RCT: Yes Controls: Main & Testing (n=45)	n=395	n=290	a. Yes b. No c. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
	abuse & neglect. Then home visit identified at-risk families (Hawaii)		Higman, Windham, & Sia (2004) [82]				functioning	Follow up: None			d. N/A Note: Data at 12mth, 24mth & 36mth for regression analysis)
Healthy Families America	To promote parenting competencies in the early formative years of the child's life to best influence positive development & enhance mothers' habitual parenting practices (New York)	0 - 5	Rodriguez, Dumont, Mitchell-Herzfeld, Walden, & Greene (2010) [83]	USA	Child abuse; Neglect	At risk families	Relationships & family or social functioning	RCT: Yes Control: Not stated Follow up: None	n=255 (mother) mean: 3.1 (child)	n=267 (mother) mean: 3.1 (child)	a. Yes (positive parenting & negative parenting for HPO subgroup); non-sig. (negative parenting). b. No c. N/A d. N/A
Healthy Families America	To promote positive parenting skills & parent-child interaction, prevent child abuse & neglect, support optimal prenatal care, & child health & development; & improve parent's self-sufficiency (New York)	0 - 5	DuMont, Mitchell-Herzfeld, Greene, Lee, Lowenfels, Rodriguez, & Dorabawila (2008) [84]	USA	Other	At risk families	Child physical; Service utilisation	RCT: Yes Control: group given info & referral to other appropriate services in the Community Follow-up: 2yrs (in Study 1 only)	n=478 (mother) (including prevention subgroup: n=170; psychological vulnerable subgroup: n=122)	n=493 (mother)	Study 1: Overall a. No; b. No; c. No; d. 2yrs Study 2: Prevention group a. Yes (at 2yrs) b. No; c. N/A; d. N/A Study 3: Vulnerable Grp a. Yes (at 2yrs) b. No; c. N/A; d. N/A Note: randomisation was pre-natal.

Note: RCT = Randomised Controlled Trial; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings; TAU = Treatment As Usual; CPP = Child-Parent Psychotherapy. a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 6b. Summary of Promising A service models by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-focused/specific Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
Child protection services (CPS) concurrent with family preservation services (FPS)	Walton (2001) [77]	mean: 8yrs			✓		✓								✓		✓	
Healthy Families America	Gessner (2008) [79]	0-2			✓		✓						✓				✓	
	Duggan, … & Crowne (2007) [80]	0-5									✓	✓					✓	
	Cullen, … & Ownbey (2010) [78]	0-7					✓							✓	✓			
	LeCroy & Krysik (2011) [81]	0-5			✓		✓								✓			
	Duggan, … & Sia (2004) [82]	0-5			✓		✓						✓		✓			
	Rodriguez, … & Greene (2010) [83]	0-5			✓		✓								✓			
	DuMont, … & Dorabawila (2008) [84]	0-5									✓		✓				✓	
Total service models				**0**	**2**	**0**	**2**	**0**	**0**	**0**	**1**	**1**	**1**	**1**	**2**	**0**	**2**	**0**

Note: TS/F = Trauma specific/ focused; TIC = Trauma informed care MI = Mental illness; PEBS[1]= Psychological/ emotional or behavioural symptoms; RFSF[2]= Relationships & family/ social functioning.

Table 7a. Summary of Promising A systems of care

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Motivation–adaptive skills–trauma resolution (MASTR) with eye movement desensitization & reprocessing (EMDR)	To reduce trauma symptoms & behavioural problems in traumatised youth with conduct problems in youth protective services.	Not specified	Farkas, Cyr, Lebeau, & Lemay (2010) [85]	Canada	Child abuse; Child sexual abuse; Other	Residential care	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: TAU Follow-up: 3mths	n=19 (child) F=14; M=5 mean:14.3	n=21 (child) F=11; M=10 mean:14.9	a. Yes b. No c. Yes d. 3mths
Sanctuary Model	To use a trauma-focused model to address the special needs of youth with serious emotional disturbances & histories of maltreatment &/or exposure to domestic & community violence.	12 - 20	Rivard, Bloom, McCorkle, & Abramovitz (2005) [86]	USA	Not specified	Residential care	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: Standard Residential Services Follow up: 3/6mths	No detail	n=158 F=58; M=100 mean:15.0	a. Yes b. No c. Yes d. 6mths

Note: RCT = Randomised Controlled Trial; F = Female; M = Male; n= no. of participants in sample; TAU = Treatment As Usual; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 7b. Summary of Promising A systems of care by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
Motivation–Adaptive Skills–Trauma Resolution (MASTR) with Eye Movement Desensitization & Reprocessing	Farkas, … & Lemay (2010) [85]	Not specified	TS/F TIC		✓	✓					✓			✓				
Sanctuary Model	Rivard, … & Abramovitz (2005) [86]	12-20[D]	TS/F TIC		✓	✓	✓	✓						✓				
Total systems of care				**0**	**2**	**2**	**1**	**1**	**0**	**0**	**1**	**0**	**0**	**2**	**0**	**0**	**0**	**0**

Note: [D]= Residential care; TS/F = Trauma specific/ focused; TIC = Trauma informed care; SMU = Substance misuse; PEBS = Psychological, Emotional and Behavioural Symptoms; RFSF = Relationships, Family and Social Functioning.

Table 8a. Summary of Promising B programs

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Canine assisted therapy	To reduce psychological distress associated with trauma.	Not specified	Hamama, Hamama-Raz, Dagan, Greenfeld, Rubinstein, & Ben-Ezra (2011) [87]	Israel	Child abuse; Child sexual abuse	Other	Psychological/emotional or behavioural symptoms	RCT: No Control: TAU Follow up: None	n=9 (child) F=9; M=0 mean: 15.3	n=9 (child) F=9; M=0 mean:14.5	a. Yes b. No c. N/A d. N/A
Child Sexual Abuse Treatment Program (CSATP; Giarretto model)	To examine program effectiveness on vulnerability (self-esteem/ depressive affect) & problem behaviours reported by adults.	0 - 16	Bagley & LaChance (2000) [88]	Canada	Child sexual abuse	Caregiver offenders	Educational; Psychological/ emotional or behavioural symptoms	RCT: No Control: Untreated Follow up: None	(n=27) mean: 11.2	(n=30) Mean: 11.8	a. Yes b. No c. N/A d. Post measures taken 2yrs after commencing therapy
Group Art Therapy	To reduce depression, anxiety, sexual trauma & low self-esteem among sexually abused girls.	8 - 11	Pretorius & Pfeifer (2010) [89]	South Africa	Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms	RCT: No Controls: 2 intervention & 2 non-intervention Follow up: None	n=6 (for intervention / non-intervention groups)	n=6 & n=7	a. Yes b. No c. N/A d. N/A
Group therapy for sexually abused children	To reduce internalizing & externalizing behaviour problems & posttraumatic stress symptoms; to foster positive self-esteem; to help children recognize & express their feelings; to help children identify their personal coping resources to manage the aftermaths of CSA; to reduce sense of social isolation & shame by fostering exchanges & supportive relationships with other child victims of abuse; to foster positive parent–child relationship; & to prevent re-victimization.	6 - 12	Hebert & Tourigny (2010) [90]	Canada	Child sexual abuse	Ethnicity	Psychological/ emotional or behavioural symptoms	RCT: No Control: TAU Follow up: None	n=51 F=38; M=13	N=39 F=34, M=5	a. Yes b. No c. N/A d. N/A
Group therapy for	To evaluate a group therapy program for sexually abused	13 - 17	Tourigny, Herbert,	Canada	Child sexual	Other	Psychological/ emotional or	RCT: No Control: No	n=27 F=27; M=0	n=15 F=15; M=0	a. Yes; non-sig. (somatic,

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
sexually abused teenage girls	teenage girls.		Daigneault, & Simoneau (2005) [91]		abuse		behavioural symptoms; Relationships & family or social functioning	treatment. Follow up: None	mean:14.8	mean:14.3	delinquency, aggression) b. No c. N/A d. N/A
Group therapy for sexually abused teenage girls	To evaluate group therapy for sexually abused teenage girls (Open groups & Closed Groups).	13 - 17	Tourigny & Hebert (2007) [92]	Canada	Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms;	RCT: No Control: untreated Follow up: None	(n=27) F=27; M=0 mean:14.8	(n=15) F=15; M-0 Mean: 14.3	a. Yes b. No c. N/A d. N/A
Imagery Rehearsal Therapy	To reduce sleep complaints related to PTSD & reduce the impact & occurrence of distressing chronic nightmares.	13 - 18	Krakow, Sanoval, Schrader, Keuhne, McBride, Yau, & Tandberg (2001) [93]	USA	Child sexual abuse	Substance abusers	Psychological/ emotional or behavioural symptoms	RCT: No Control: No intervention Follow up: None	(At baseline n=30) n=9 F=9; M=0 range:13-18	n=10 F=10; M=0 range:13-18	a. Mixed Yes (nightmares only); non-sig. (PTSD & sleep measures) b. No c. N/A d. N/A
Outpatient & Residential treatment for adolescent	To reduce substance use.	13 - 18	Funk, McDermeit, Godley, & Adams (2003) [94]	USA	Not specified	Juvenile offenders	Psychological/ emotional or behavioural symptoms	RCT: No Controls: Residential & Outpatient modalities Follow up: None	n=114 F=27; M=87	n=73 F=19; M=54	a. Yes (residential preferred with history of high levels of trauma); non-sig. (both modalities equal for low trauma histories). b. No c. N/A d. N/A
Project SafeCare	To improve parenting skills & reduce future occurrences of abuse & neglect.	0 - 5	Gershater-Molko, Lutzker, & Wesch (2002) [95]	USA	Child abuse	Caregiver offenders	Service utilisation	RCT: No Control: TAU Follow up: 24mths	n=41	n=41 (matched by child age)	a. Yes b. No c. Yes d. 24mths Note: TAU = Family Preservation program
Project SafeCare	To decrease child maltreatment & prevent the removal of children, by improving parental knowledge of child development, changing parental attitudes towards their children, improving home environment, & linking	0 - 5	Gershater-Molko, Lutzker, & Wesch (2003) [96]	USA	Child abuse, Neglect	Caregiver offenders, Other	Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	n=70	No comparison group	a. Yes b. No c. N/A d. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
	parents to community resources.										
Project SafeCare	To increase parenting skills, child & infant health, home safety, & parent/ child bonding.	0 - 5	Damashek, Bard, & Hecht (2012) [97]	USA	Child abuse, Neglect	Ethnicity	Service utilisation, Risk for childhood abuse	RCT: No Control: TAU Follow up: None	Combined sample: n=1,305 (parent: F=80%) range:0-12	See total in previous cell.	a. Yes b. No c. N/A d. N/A
Rythmex	To use rhythmic exercises to improve the cognitive function & behaviour of maltreated children.	6 - 11	Goldshtrom, Korman, Goldshtrom, & Bendavid (2011) [98]	USA	Child abuse, Neglect	Residential care	Psychological/ emotional or behavioural symptoms; Cognition	RCT: No Control: TAU Follow up: 12mths	n=23 (child) F=13; M=10 mean:8.5	n=14 (child) F=6; M=8 mean:8.5	a. Yes b. No c. Yes d. 12mths

Note: RCT = Randomised Controlled Trial; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings; TAU = Treatment As Usual; CPP = Child-Parent Psychotherapy; F = Female; M = Male; n= no. of participants in sample; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 8b. Summary of Promising B programs by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
Canine assisted therapy	Hamama, … & Ben-Ezra (2011) [87]	Not specified	TS/F		✓								✓					✓
Child Sexual Abuse Treatment Program (CSATP)	Bagley & LaChance (2000) [88]	0-16			✓								✓		✓			
Group Art Therapy for Sexual Abuse	Pretorius & Pfeifer (2010) [89]	8-11	TS/F			✓								✓				
Group therapy for sexually abused children	Hebert & Tourigny (2010) [90]	6-12	TS/F			✓								✓	✓			
	Tourigny, … & Simoneau (2005) [91]	13-17				✓								✓				
	Tourigny & Hebert (2007) [92]	13-17				✓								✓				
Imagery Rehearsal Therapy	Krakow, … & Tandberg (2001) [93]	13-18	TS/F			✓								✓				
Residential substance abuse treatment	Funk, … & Adams (2003) [94]	13-18	TS/F		Not specified									✓				✓
Project SafeCare	Gershater-Molko, … & Wesch (2002) [95]	0-5			✓												✓	
	Gershater-Molko, … & Wesch (2003) [96]	0-5			✓		✓								✓			
	Damashek, … & Hecht (2012) [97]	0-5			✓		✓					✓					✓	
Rythmex	Goldshtrom, … & Bendavid (2011) [98]	Not specified			✓		✓							✓				
Total programs				**0**	**4**	**3**	**2**	**0**	**0**	**0**	**0**	**1**	**2**	**4**	**3**	**0**	**1**	**2**

Note: TS/F = Trauma specific/ focused; TIC = Trauma informed care; SMU = Substance misuse; MI = Mental illness; PEBS[1]= Psychological/ emotional or behavioural symptoms; RFSF[2]= Relationships & family/ social functioning.

Table 9a. Summary of Promising B service models

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Brighter Futures	To assess the effectiveness of a child protection prevention program that is targeted at vulnerable families with children at risk of abuse &/or neglect.	0 - 18	Hilferty &…Katz (2010) [99]	Australia	Family Violence; Child abuse	Caregiver offenders; Other	Child physical; Service utilisation	RCT: No Control & Pre/post treatment Follow up: 12mths	n=4170 (child)	n=2462 (child)	*Harm Reports: a. Yes (pre/post); Non-sig. (comparison group better than intervention. However when families completed intervention program the outcome were better than the comparison group). b. No c. Yes (for parents who completed intervention). d. 12mths. *Out of Home Care: a. Yes; b. No; c. N/A; d. N/A *Child Behaviour: a. Yes (no control) b. No; c. N/A; d. N/A *Child Development: a. No; b. No; c. N/A; d. N/A
Child-Parent Centres	To examine the effectiveness of a family-school partnership model used in prevention programming.	3 - 9	Reynolds & Robertson (2003) [100]	USA	Not specified	Other	Service utilisation; Risk for childhood abuse	RCT: No Control: Full day kindergarten Follow up: None	n=989	n=550	a. Yes b. No c. N/A d. N/A
Child-Parents Centres	To provide educational & family support services to eligible children.	3 - 9	Mersky, Topitzes, & Reynolds (2011) [101]	USA	Other	At risk families	Child physical; Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: No Control: TAU Follow up: None	n=989 (child)	n=550 (child)	a. Yes b. No c. N/A d. N/A
Cottage Community Care Pilot Project (CCCPP)	To directly address factors in first-time families that are associated with child maltreatment.	15 – 35 mothers	Kelleher (2004) [102]	Australia	Other	At risk families	Relationships & family or social functioning	RCT: No Control: Signed up to program but not waitlist & Follow up: None	n=25 (mother) F=25; M=0 48% aged <19yrs	n=14 (mother) F=14; M=0 57% aged <19yrs	a. Yes b. No c. No d. NA

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Minnesota Alternative Response Project	To assist families reported for child abuse & neglect to child protection services.	Not specified	Loman & Siegel (2005) [103]	USA	Child abuse	Caregiver offenders	Child physical; Service utilisation	RCT: No Control: Untreated Follow up: 1yr	n=2,860 (families)	n=1,305 (families)	a. Yes b. No c. Yes d. 1yr
Parent Aide Program	To break the cycle of child abuse though the provision of in-Home services, free of charge, to families in Dallas County, referred by CPS.	0 - 12	Harder (2005) [104]	USA	Child abuse, Neglect	Other	Relationships & family or social functioning, Service utilisation	RCT: No Controls: Program Refusers & Drop outs Follow up: None	Completers: N=46 (parent) mean:28.3 F=96% mean:4.4 (child)	Drop outs: n=88 (parent mean:26.1 F=97%). mean:3.5 (child) Refusers: n=112 (parent mean:26.8) Mean:4.8 (child)	a. Yes b. No c. N/A d. N/A
Sexual Abuse Intervention Program (SAIP)	Not indicated.	Not specified	Holland, Gorey, & Lindsay (2004) [105]	Canada	Child sexual abuse	Residential care; Ethnicity	Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: No Comparison: TAU Follow up: None	n=10 (child)	n=56 (child)	a. Yes b. No c. No d. N/A
State-wide Family Preservation & Family Support (FPFS) programs	8 programs: Healthy Families America (HFA) & Parents-as Teachers (Home visits); Basic Needs (practical assistance); Nurturing (education); Parent Mentoring; Parent Education Centre; Agency Collaborative (case management).	0 - 18	Chaffin, Bonner, & Hill (2001) [106]	USA	Child abuse; Child sexual abuse; Neglect	Ethnicity; Caregiver offenders; Other; Teenage pregnancy	Child physical; Service utilisation; Risk for childhood abuse	RCT: No Control: Treatment non-completers Follow up: Up to 3yrs	n=1601 (family) F=1462; M=139	No comparison group	a. Yes (Child physical/ service utilisation) Basic Needs & Parent Mentoring were most effective, especially for high risk parents). No (Risk for abuse) non-sig. for programs types. b. No c. No d. 3yrs max, median:1.6yrs
Therapeutic Residential Care	To support independent/ adult living (12-17yrs); or restore family connections were possible (11-14yrs); or	Varies across pilots: 0 - 14; 9 - 12	Sullivan, Faircloth, McNair, Southern, Brann,	Australia	Neglect,	Residential care	Child physical; Cognition; Educational, Psychologica	RCT: No Control (Out-of-Home Care,	n=38 F=25 ; M=13 range: 5-16	n=16 F=8; M=8 median:13.0 (18mths pre-program	a. Non-sig. compared to control. Yes sig. for Pre/post comparison for conduct problems (entry to follow up). Pre-entry compared to Entry sig. (pro-social behaviours & impact of difficulties;

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
	offer placement with ATSI kinship (0-14yrs); or develop Community & education linkages (13-15yrs).	11-17	Starbuck, …, & Ribarow (2011) [107]				l/ emotional or behavioural symptoms; Relationships & family or social functioning	OoHC). Follow up: 2yrs	median :15.0	matched demographic /time in care)	totals HoNOSCA & SDQ). b. No c. Yes, but non-sig. for all but conduct. d. 2yrs

Note: TAU = Treatment As Usual; RCT = Randomised Controlled Trial; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings; F = Female; M = Male; n= no. of participants in sample; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 9b. Summary of Promising B service models by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
Brighter Futures	Hilferty ...& Katz (2010) [99]	0-18		✓	✓			✓					✓				✓	
Child-Parent Centre Program	Reynolds & Robertson (2003) [100S]	3-9			Not specified							✓					✓	
	Mersky, … & Reynolds (2011) [101S]	3-9									✓		✓	✓	✓			
Cottage Community Care Pilot Project (CCCPP)	Kelleher (2004) [102]	1-3		✓							✓				✓			
Minnesota Alternative Response Project	Loman & Siegel (2005) [103]	Not specified			✓								✓				✓	
Parent Aide Program	Harder (2005) [104]	0-12			✓		✓								✓		✓	
Sexual Abuse Intervention Program (SAIP)	Holland, … & Lindsay (2004) [105]	Not specified				✓								✓	✓			
State-wide Family Preservation and Family Support (FPFS) programs	Chaffin, … & Hill (2001) [106]	0-18			✓	✓	✓					✓	✓				✓	
Therapeutic Residential Care	Sullivan, … & Ribarow (2011) [107]	11-17	TS/F TIC	✓			✓				✓	✓	✓	✓	✓	✓		✓
Total service models				**3**	**4**	**2**	**3**	**1**	**0**	**0**	**3**	**3**	**5**	**3**	**5**	**1**	**5**	**1**

Note: [S] = These two articles reported on the same study; TS/F = Trauma specific/ focused; TIC = Trauma informed care; SMU = Substance misuse; MI = Mental illness; PEBS[1]= Psychological/ emotional or behavioural symptoms; RFSF[2]= Relationships & family/ social functioning.

Table 10a. Summary of Promising B systems of care

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Houston Child Advocates	To find safe, loving, permanent homes for abused & neglected children.	0 - 18	Waxman, Houston, Profilet, & Sanchez (2009) [108]	USA	Child abuse; Neglect	Foster care; Residential care	Relationships & family or social functioning; Psychological/ emotional or behavioural symptoms; Service utilisation	RCT: No Control: Protective custody*. Follow up: 1/2/3yrs	n=327 F=161; M=167	n=254 F=124; M=130	a. Yes b. No c. Yes (only family communication 2yrs) d. 2yrs Note: *matched: gender/ age/ abuse type
Trauma Systems Therapy	To assess the fit between child's emotional regulation capacities & adequacy of the social environment & system of care to help the child. Therapy is based on assessment to offer a variety of treatment modules designed for severe problems in children's environments.	Not specified	Saxe, Ellis, Fogler, Hansen, & Sorkin (2005) [109]	USA	Not specified	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=82 F=34; M=48 mean:11.2	No comparison group	a. Yes b. No c. N/A d. N/A
Trauma Systems Therapy	To meet the multiple socio-ecological needs of children with histories of trauma exposure.	Not specified	Saxe, Ellis, Fogler, & Navalta (2012) [110]	USA	Not specified	Other	Psychological/ emotional or behavioural symptoms	RCT: No Control: TAU Follow up: None	n=10	n=10	a. Yes b. No c. N/A d. N/A
Skills-Based Intervention	To promote children's resilience, increase their knowledge about safety & safety planning, & increase their intrapersonal skills & competencies.	5 - 10	Noether, Brown, Finkelstein, Russell, VandeMark, Morris, & Graeber (2007) [111]	USA	Family violence; Parental substance use, Parental mental illness	Other	Psychological/ emotional or behavioural symptoms	RCT: No Control: TAU Follow up: 6/12mths	n=115 (mother)	n=138 (mother)	a. Yes b. No c. Yes d. 1yr

Note: RCT = Randomised Controlled Trial; F = Female; M = Male; n= no. of participants in sample; TAU = Treatment As Usual; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 10b. Summary of Promising B systems of care by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
Houston Child Advocates	Waxman, … & Sanchez (2009) [108]	0-18			✓		✓							✓	✓		✓	
Skills-based intervention program	Noether, … & Graeber (2007) [111]	5-10						✓	✓	✓				✓				
Trauma Systems Therapy	Saxe, … & Sorkin (2005) [109]	Not specified	TS/F TIC		Not specified									✓				
	Saxe, … & Navalta (2012) [110]	Not specified			Not specified									✓				
Total systems of care				**0**	**1**	**0**	**1**	**1**	**1**	**1**	**0**	**0**	**0**	**3**	**1**	**0**	**1**	**0**

Note: TS/F = Trauma-specific/ focused; TIC = Trauma-informed care; SMU = Substance misuse; PEBS = Psychological, Emotional and Behavioural Symptoms; RFSF = Relationships, Family and Social Functioning.

Table 11a. Summary of Emerging A programs

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
A Home Within – A relationship-based intervention	To prioritize children's needs of community, stability, & permanency in attachment to healthy adult(s). Long-term psychoanalytically-orientated therapy including play therapy.	5 - 11	Clausen, Ruff, Von Wiederhold, & Heineman (2012) [112]	USA	Neglect	Foster care	Educational; Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	n=20 F=6; M=14	No comparison group	a. Yes (school, anxiety, sleep, dissociative, depression & Peer relationships). Non-sig. (conduct, learning, anger, psychosis, eating, self-injury, substance use, family). b. No c. N/A d. N/A Duration: 0.5-7.4yrs (mean: 3.4yrs)
Alternatives for Families: Cognitive behavioural Therapy (AF-CBT)	To improve the relationships between children & caregivers in families involved in physical coercion/force & chronic conflict/hostility.	3 - 17	Kolko, Iselin, & Gully (2011) [113]	USA	Child abuse; Child sexual abuse; Neglect; Family violence	Ethnicity; Disability	Child Physical; Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	n=46 F=25; M=27 mean:9.1	No comparison group	a. Yes b. No c. N/A d. N/A
Circle of Parents	To use a mutual self-help support group model as a means of preventing child abuse & neglect & strengthening families.	Not specified	Falconer, Haskett, McDaniels, Dirkes, & Siegel (2008) [114]	USA	Other	Other	Relationships & family or social functioning	RCT: No Pre/post treatment measures in four states Follow up: None	Parents : n=118 (Florida) N=101 (Minnesota) n=564 (Washington) n=89 (Nth Carolina)	No comparison group	a. Yes b. No c. N/A d. N/A
Circle of Security	To reduce the risk of insecure attachment	Not specified	Hoffman, Marvin, Cooper & Powell (2006) [115]	USA	Other	At risk families	Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	n=65 (caregivers), n=65 (children), F=35, M=30	No comparison group	a. Yes b. No c. N/A d. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Combined Art Therapy & Cognitive Behavioural Therapy	To reduce post traumatic symptoms in victims of childhood sexual abuse.	8 - 17	Pifalo (2002) [116]	USA	Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=13	No comparison group	a. Yes (anxiety, PTSD); non-sig. (depression). b. No c. N/A d. N/A
Combined Art Therapy & Cognitive Behavioural Therapy	To Reduce post traumatic symptoms in victims of childhood sexual abuse.	Not specified	Pifalo (2006) [117]	USA	Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=41	No comparison group	a. Yes b. No c. N/A d. N/A
Emotion-focused therapy for trauma	To focus on exploring trauma-related feelings & meanings, constructing more adaptive meaning, & resolving issues with particular perpetrators of abuse & neglect.	Not specified	Mundorf & Paivio (2011) [118]	Canada	Child abuse; Child sexual abuse; Neglect	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=37	No comparison group	a. Yes b. No c. N/A d. N/A
Equine-assisted psycho-therapy	To encourage client insight through horse interactions/ examples. Horses have characteristics like humans, & they respond to non-verbal human behaviours through interaction.	Not specified	Schultz, Remnick-Barlow, & Robbins (2007) [119]	USA	Family violence; Child abuse; Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=63 F=26 (mean:10.1) M=37 (mean:11.5)	No comparison group	a. Yes (abuse/neglect), non-sig. (sexual abuse, family violence). b. No c. N/A d. N/A
Eye movement integration therapy	To support the overcoming of childhood trauma.	14 – 16	Struwig & van Breda (2012) [120]	South Africa	Not specified	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=12	No comparison group	a. Yes b. No c. N/A d. N/A
Game-based cognitive-behavioural therapy	To improve internalizing symptoms, externalizing behaviours, sexually inappropriate behaviours, social skills deficits, self-esteem problems, & knowledge of healthy	Not specified	Misurell, Springer, & Tryon (2011) [121]	USA	Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=48 F=30; m=18 mean: 7.3	No comparison group	a. Yes (anxiety, sexually inappropriate behaviour); non-sig (depression & post trauma symptoms). b. No c. N/A d. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
	sexuality & self-protection skills.										
Gipuzkoa program	To provide specialised/ individualised case management, psycho-education & therapy to caregiver & child.	0 – 18	de Paúl & Arruabarrena (2003) [122]	Spain	Child abuse; Neglect	Residential care	Psychological/ emotional or behavioural symptoms; Risk for childhood abuse	RCT: No Pre/post treatment measures Follow up: None	n=133 (family); n=289 (child)	No comparison group	a. Yes b. No c. N/A d. N/A Duration: 15-17 sessions A home-based treatment for a maximum of 2yrs.
Grief & Trauma Intervention (GTI) with coping skills & TN processing	To improve symptoms of PTSD.	Not specified	Salloum & Overstreet (2012) [123]	USA	Child abuse; Family violence; Other	Ethnicity	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: GTI with coping skills only Follow up: 3/12mths	n=39	n=33	a. Yes (but equally across groups). b. No c. Yes (but equally across groups). d. 12mths
Group Intervention: Psycho-education	To reduce levels of depression, anxiety & trauma symptoms among incarcerated the female juvenile offenders	Not specified	Pomeroy, Green, & Kiam (2001) [124]	USA	Child abuse; Child sexual abuse; Neglect; Family violence	Juvenile offenders	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=15 mean:51.9	No comparison group	a. Yes (depression, trauma), No (anxiety). b. No c. N/A d. N/A
Group intervention (child) & group intervention (parent)	To address posttraumatic stress issues in children by creating a safe & trusting therapeutic environment that enables expression of thoughts & feelings, and sharing of experiences. To focus on relationship building between the parent & child and promote positive discipline practices.	6 – 12	MacMillan & Harpur (2003) [125]	Canada	Family violence	Other	Psychological/emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=47 (child) F=23; M=24 means: child 9yrs; parent: 37yrs	No comparison group	a. Yes (psychological/ behavioural measures) b. No c. N/A d. N/A
Manualized cognitive restructuring	To reduce symptoms of posttraumatic stress.	13 – 18	Rosenberg, Jankowski,	USA	Not specified	Other	Psychological/emotional or behavioural	RCT: No Pre/post treatment	n=12 F=9; M=3 mean:16.0	No comparison group	a. Yes b. No c. Yes

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
program			Fortuna, Rosenberg, & Mueser (2011) [126]				symptoms	measures Follow up: 3mths			d. 3mths
Parent-Child Attunement Therapy	To strengthen caregivers r/s with children & learning of appropriate child-management techniques.	1-2.5	Dombrowski, Timmer, Blacker, & Urquiza (2005) [127]	USA	Child abuse, Neglect	Other	Relationships and family or social functioning, Risk for childhood abuse	RCT: No Control: Pre/post treatment measures Follow up: None	n=1 M=1 23 mths	No comparison group	a. No b. No c. N/A d. N/A
Parent education about the risk of head injury after shaking infants	To prevent child abuse/ head injuries caused by caregivers shaking infants & reduce medical costs for treatment & loss of life.	0 – 1	Dias, Smith, DeGuehery, Mazur, Li, & Shaffer (2005) [128]	USA	Child abuse	Other	Risk for childhood abuse	RCT: No Control: Community norms Follow up: None	n=65,205 (parent) signed forms: F=96%; M=76% range:0-3	Population-level (statistics): Previous 6yrs of data	a. Yes b. No c. N/A d. N/A Duration: <1hr.
Parent-led, Clinician-Assisted Trauma Focused - Cognitive Behavioural Therapy (PTA-TF-CBT)	To improve PTSD symptoms.	3 – 7	Salloum & Storch (2011) [129]	USA	Not specified	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=1	No comparison group	a. Yes b. No c. N/A d. N/A
Play therapy	To produce positive changes in sexually abused children's traumatic symptoms.	Not specified	ReYes & Asbrand (2005) [130]	USA	Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=18 F=13; M=5 mean:11.0	No comparison group	a. Yes b. No c. N/A d. N/A
Pragmatic-communicative intervention	To encourage adults to solve interpersonal problems by enhancing communication and skills (conversational language, requests, narrative skills & abstract	8 - 12	Manso, Sanchez, Alonso, & Romero (2012) [131]	Spain	Child abuse; Neglect	Residential care	Cognition	RCT: No Pre/post treatment measures Follow up: None	n=21	No comparison group	a. Yes b. No c. N/A d. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
	& figurative language).										
QEEG-guided neuro-feedback	To teach children to self-regulate brain rhythmicity.	6 - 12	Huang-Storms, Bodenhamer, Davis, & Dunn (2006) [132]	USA	Child abuse; Neglect	Residential care	Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	N=20 (child) F=9; M=11 mean:10.4 range:6-15.5	No comparison group	a. Yes b. No c. N/A d. N/A
Real Life Heroes	To build the skills & interpersonal resources needed to re-integrate painful memories & reduce affect dis-regulation following trauma.	8 - 15	Kagan, Amber, Hornik, Kratz, & Suzannah (2008) [133]	USA	Child abuse, neglect; Family violence, Other	Residential care; Foster care; Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=41 (child) F=17; M=24 mean:10.5	No comparison group	a. Yes b. No c. N/A d. NA
Strengthening Family Coping Resources	To establish within the family unit: routine, structure, connectedness, safety, resource seeking, co-regulation & crisis management, positive affect, memories & meaning.	1 - 12	Kiser, Donohue, Hodgkinson, Medoff, & Black (2010) [134]	USA	Not specified	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/ post treatment measures Follow up: None	n=36 (child) M/F= not specified	No comparison group	a. Yes b. No c. N/A d. N/A Duration: 2hr x 14-15wks Small group delivery.
Symbol-drama	To reduce symptoms of dissociation & posttraumatic stress by the psycho-therapeutic use of imagery.	Not specified	Nilsson & Wadsby (2010) [135]	Sweden	Child abuse; Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=15 F=13; M=2	No comparison group	a. Yes b. No c. N/A d. N/A
The Hope Connection	To address the developmental areas of: attachment, sensory processing, & pro-social behaviour.	4 - 12	Purvis & Cross (2007) [136]	USA	Child abuse; Neglect	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=12 F=2; M=10	No comparison group	a. Yes b. No c. N/A d. N/A Duration: 5wk day camp
The Mothers' & Children's Group	To address the needs of abused mothers & their children who have	Not specified	Sullivan, Egan, & Gooch	USA	Family violence	Other	Psychological/ emotional or	RCT: No Pre/post treatment	n=46 (mother) n=79	No comparison group	a. Yes b. No c. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Intervention Program	witnessed violence.		(2004) [137]				behavioural symptoms	measures Follow up: None	(child)		d. N/A Duration: 1 x 9wks

Note: TF-CBT = Trauma focussed Cognitive Behaviour Therapy; CCT = Child-Centred Therapy; PTSD = Post-Traumatic Stress Disorder: RCT = Randomised Controlled Trial; TN = Trauma Narrative; F = Female; M = Male; n= no. of participants in sample; Non-sig. = Statistically non-significant findings; Sig. = Statistically significant findings. a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 11b. Summary of Emerging A programs by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
'A Home Within' relationship-based intervention	Clausen, … & Heineman (2012) [112]	5-11					✓				✓			✓	✓	✓		
Alternatives for Families: Cognitive behavioural Therapy (AF-CBT)	Kolko, … & Gully (2011) [113]	3-17	TS/F TIC		✓	✓	✓	✓					✓	✓	✓			
Circle of Parents	Falconer, … & Siegel (2008) [114]	Not specified				✓					✓				✓			
Circle of Security	Hoffman, … & Powell (2006) [115]	Not specified									✓				✓			
Combined Art Therapy & CBT	Pifalo (2002) [116]	8-17	TS/F			✓								✓				
	Pifalo (2006) [117]	Not specified				✓								✓				
Emotion-focused therapy for trauma	Mundorf & Paivio (2011) [118]	Not specified	TS/F		✓	✓	✓							✓				
Equine-assisted psychotherapy	Schultz … & Robbins (2007) [119],	Not specified			✓	✓		✓						✓				
Eye movement integration therapy	Struwig & van Breda (2012) [120]	14-16	TS/F								✓			✓				
Game-based cognitive-behavioral therapy group program	Misurell … & Tryon (2011) [121]	Not specified	TS/F			✓								✓				
Grief and Trauma Intervention (GTI) with coping skills and trauma narrative processing	Salloum & Overstreet (2012) [123]	Not specified	TS/F			✓		✓			✓			✓				
Group Intervention - Psychoeducation	Pomeroy, … & Kiam (2001) [124]	Not specified	TS/F		✓	✓	✓	✓						✓				
Group intervention (child) & group intervention (parent)	MacMillan & Harpur (2003) [125]	6-12	TS/F TIC					✓						✓				
Manualized Cognitive Restructuring Program	Rosenberg, … & Mueser (2011) [126]	13-18	TS/F								✓			✓				
Parent-Child Attunement Therapy	Dombrowski, … & Urquiza (2005) [127]	1-2.5			✓		✓					✓			✓			
Parent education about the risk of head injury after shaking infants	Dias, … & Shaffer (2005) [128]	0-1			✓							✓						
Parent-led, Therapist-Assisted Trauma Focused - Cognitive Behavioural Therapy (PTA-TF-CBT)	Salloum & Storch (2011) [129]	3-7	TS/F								✓			✓				
Play Therapy	Reyes & Asbrand (2005) [130]	Not specified	TS/F			✓								✓				
Pragmatic Communicative Intervention	Manso, … & Romero (2012) [131]	8-12			✓		✓											✓

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
QEEG-Guided Neuro-feedback	Huang-Storms, … & Dunn (2006) [132]	6-11.5	TS/F		✓		✓							✓	✓			
Real Life Heroes	Kagan, … & Suzannah (2008) [133]	8-15	TS/F TIC		✓		✓	✓			✓			✓				
Strengthening Family Coping Resources	Kiser, … & Black (2010) [134]	1-12	TS/F								✓			✓				
Symboldrama	Nilsson & Wadsby (2010) [135]	Not specified	TS/F		✓	✓								✓				
The Hope Connection	Purvis & Cross (2007) [136]	4-12			✓		✓							✓				
The Mothers' & Children's Group Intervention Program	Sullivan, … & Gooch (2004) [137]	Not specified	TS/F					✓						✓				
Total programs				**0**	**11**	**10**	**9**	**7**	**0**	**0**	**9**	**2**	**1**	**19**	**6**	**1**	**0**	**1**

Note: TS/F = Trauma specific/ focused; TIC = Trauma informed care; SMU = Substance misuse; MI = Mental illness; PEBS[1]= Psychological/ emotional or behavioural symptoms; RFSF[2]= Relationships & family/ social functioning.

Table 12a. Summary of Emerging A service models

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Childhood First, residential therapeutic Community	To use Integrated Systemic Therapy, (IST) in a residential treatment setting to reduce the symptoms of children who have experienced severe early life trauma & have emotional/ behavioural difficulties.	13 - 18	Carter (2011) [138]	UK	Not specified	Residential care	Educational	RCT: No Pre/post treatment measures Follow up: 15-20yrs	n=8 (single interview); n= not specified (group interview)	Population level data (statistics) for looked after children	a. Yes b. No c. Yes d. 15-20yrs
Crisis Childcare Program	To provide emergency caregiving respite & counselling to stressed parents who are at risk of maltreating their children, with the aim of reducing reports of child abuse or neglect.	Not specified	Cowen (2001) [139]	USA	Other	Ethnicity; Other	Risk for childhood abuse	RCT: No Pre/post treatment measures compared to national stats. Follow up: None	n=159 (family) n=269 (child) range:0-3	Population-level data (statistics)	a. Yes b. No c. N/A d. N/A
Cumbria Early Intervention Programs	To improve wellbeing of domestic violence survivors & their children, & increase perpetrator accountability for their behaviour.	5 - 17	Donovan, Griffiths & Groves (2010) [140]	UK	Family violence	At risk families	Child physical; Psychological/ emotional or behavioural symptoms; Risk for childhood abuse, Other	RCT: No Pre/post treatment measures Follow up: None	303 (mother) 56 (child) mean:10.0	No comparison group	a. Yes b. No c. Yes d. N/A
Early Intervention Programs - Gateshead	To improve wellbeing of domestic violence survivors & their children, & increase perpetrator accountability for their behaviour	5 - 17	Donovan, Griffiths & Groves (2010) [140]	UK	Family violence	At risk families	Child Physical; Psychological/ emotional or behavioural symptoms; Risk for childhood abuse	RCT: No Pre/post treatment measures Follow up: None	n=340 (mother) n=57 (child) mean:8.0	No comparison group	a. Yes b. No c. Yes d. N/A
Early intervention service - child sexual abuse	To provide education to non-abusing parents about child sexual abuse (i.e., grooming & outcomes). To help parents empathise with their child. To provide reinforcement of competent parenting & advice on	Not specified	Forbes, Duffy, Mok, & Lemvig (2003) [141]	Scotland	Child sexual abuse	Caregiver offenders	Psychological/ emotional or behavioural symptoms; Other	RCT: No Pre/post treatment measures Follow up: 3mths	n=39 (parent) F=30; M=9) n=31 (child) F=23; M=8 mean:9.0 range:4-14	No comparison group	a. Yes b. No c. No d. N/A

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
	management of child difficulties.										
Louisiana Rural Trauma Services Centre	To reduce the symptoms of trauma by modifying trauma-focused cognitive behavioural therapy in school-based rural mental health services.	Not specified	Hansel, Osofsky, Costa, Kronenberg, & Selby (2010) [142]	USA	Child abuse; Child sexual abuse; Neglect; Family violence; Other	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=115 (child) F=55; M=60 mean:14.0	No comparison group	a. Yes b. No c. N/A d. N/A
Take Two	To provide a high quality clinical programme & to contribute to service system improvement.	8- 16	Jackson, Frederico, Tanti, & Black (2009) [143]	Australia	Child abuse; Neglect	Other	Child physical; Cognition; Educational; Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	Sample 1: n=49 (child) F=20; M=29 mean:11.8 Sample 2: n=28 (child) F=11; M=17 mean:11.6	No comparison group	a. Yes b. No c. N/A d. N/A
The Sunrise Project	To use Rogerian style CBT therapy for adolescents & therapeutic play for younger children, with age-appropriate psycho-education.	0 - 18	Barker & Place (2005) [144]	UK	Child abuse; Child sexual abuse	Caregiver offenders	Educational; Psychological/ emotional or behavioural symptoms; Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	n=67 F=40; M=27 mean:9.2 range 4-18	No comparison group	a. Yes (for measures of antisocial, somatic, emotional & family life/ relationships). b. No c. N/A d. N/A

Note: CBT = Cognitive Behaviour Therapy; TAU = Treatment As Usual; RCT = Randomised Controlled Trial; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings; F = Female; M = Male; n= no. of participants in sample; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 12b. Summary of Emerging A service models by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
Childhood First, residential therapeutic community	Carter (2011) [138]	13-18									✓					✓		
Crisis Childcare Program	Cowen (2001) [139]	Not specified									✓	✓						
Cumbria Early Intervention Programs	Donovan, … & Groves (2010) [140]	5-17						✓				✓	✓	✓				
Early intervention service - child sexual abuse	Forbes, … & Lemvig (2003) [141]	Not specified	TS/F TIC		✓									✓				
Early Intervention Programs - Gateshead	Donovan, … & Groves (2010) [140]	5-17						✓				✓	✓	✓				
Gipuzkoa program	de Paúl & Arruabarrena (2003) [122]	0-18				✓	✓					✓		✓				
Louisiana Rural Trauma Services Center	Hansel, … & Selby (2010) [142]	Not specified	TS/F TIC		✓	✓	✓	✓			✓			✓				
Take Two	Jackson, … & Black (2009) [143]	8-16	TS/F TIC	✓	✓		✓						✓	✓	✓	✓		✓
The Sunrise Project	Barker & Place (2005) [144]	0-18			✓	✓								✓	✓	✓		
Total service models				**1**	**4**	**3**	**3**	**3**	**0**	**0**	**3**	**4**	**3**	**7**	**2**	**3**	**0**	**1**

Note: TS/F = Trauma specific/ focused; TIC = Trauma informed care; SMU = Substance misuse; MI = Mental illness; PEBS[1]= Psychological/ emotional or behavioural symptoms; RFSF[2]= Relationships & family/ social functioning.

Table 13a. Summary of Emerging A systems of care

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Fairy Tale model	To use trauma-informed methods to provide safety & stability, and provide a supportive setting to improve behaviours via relationship, coaching, punishment, & reinforcement.	13 – 18	Greenwald, Siradas, Schmitt, Reslan, Fierle, & Sande (2012) [145]	USA	Not specified	Residential care	Psychological/emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=53 range:10-21	No comparison group	a. Yes b. No c. N/A d. N/A
Fairy Tale model	To reduce symptoms of PTSD by eliminating or mitigating a wide range of presenting problems. To empower parents to support children's treatment and improve access & engagement with impoverished youth & families.	4 - 19	Becker, Greenwald, & Mitchell (2011) [146]	USA	Not specified; Other	Ethnicity	Psychological/emotional or behavioural symptoms; Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	n=59 F=20; M=39 range;4-19 mean:11.2	No comparison group	a. Yes (PTSD); non-sig. for FES measure of relationships. b. No c. N/A d. N/A
Neuro-sequential Model of Therapeutics	To provide therapeutic & educational efforts in a sequential manner that replicates neural organization & development. Therapeutic interventions must have adequate patterns & frequency of experiences that will activate & influence the areas of the brain that are mediating the dysfunction.	Not specified	Barfield, Dobson, Gaskill, & Perry (2012) [147]	USA	Child abuse; Family violence; Parental substance use; Parental mental illness	Other	Psychological/emotional or behavioural symptoms	RCT: No Study 1: Pre/post treatment measures Study 2: Children are own controls Follow up: None	Study 1: n=13 (child) Study 2: n=15 (child)		Study 1: a. Yes (with non-sig. for parent ratings). b. No c. N/A d. N/A Study 2: a. Yes (with non-sig. for emotional regulation & parent ratings). b. No c. N/A d. N/A
Safety, Mentoring, Advocacy, Recovery, & Treatment (SMART)	To integrate individual, family, & group therapy in a strengths-based, problem-focused treatment model targeting problematic sexual	3 - 11	Offermann, Johnson, Johnson-Brooks, & Belcher (2008) [148]	USA	Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: 6mths	n=62 F=22; M=40 mean:8.3	No comparison group	a. Yes b. No c. Yes d. 6mths

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
	behaviours.										
The Child & Family Interagency Resource, Support & Training Program (Child FIRST)	To offer a comprehensive needs assessment & personalised service planning & care coordination to enhance the caregiver-child relationship.	0 - 5	Crusto, Lowell, Paulicin, Reynolds, Feinn, Friedman, & Kaufman (2008) [149]	USA	Family violence	Other	Psychological/ emotional or behavioural symptoms; Service utilisation; Risk for childhood abuse	RCT: No Pre/ Post treatment measures Follow up: None	n=82 F=36; M=46	No comparison group	a. Yes b. No c. N/A d. N/A Duration: mean:7.5mths

Note: TF = Trauma specific or trauma focused but not trauma informed; TIC = Trauma informed care; RCT = Randomised Controlled Trial; F = Female; M = Male; n= no. of participants in sample; TAU = Treatment As Usual; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 13b. Summary of Emerging A systems of care by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
Fairy Tale Model	Greenwald, … & Sande (2012) [145]	13-18	TS/F TIC								✓			✓				
	Becker, … & Mitchell (2011) [146]	4-19									✓			✓	✓			
Neurosequential Model of Therapeutics	Barfield, … & Perry (2012) [147]	Not specified	TS/F		✓			✓	✓	✓				✓				
Safety, Mentoring, Advocacy, Recovery, & Treatment (SMART)	Offermann, … & Belcher (2008) [148]	3-11	TS/F			✓								✓				
The Child & Family Interagency Resource, Support & Training Program (Child FIRST)	Crusto, … & Kaufman (2008) [149]	0-5	TS/F TIC					✓				✓		✓			✓	
Total systems of care				**0**	**1**	**1**	**0**	**2**	**1**	**1**	**1**	**1**	**0**	**4**	**1**	**0**	**1**	**0**

Note TS/F = Trauma specific/ focused; TIC = Trauma informed care; SMU = Substance misuse; PEBS = Psychological, Emotional and Behavioural Symptoms; RFSF = Relationships, Family and Social Functioning.

Table 14a. Summary of Emerging B programs

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Designs	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
Chapman Art Therapy Treatment Intervention (CATTI)	To use a trauma resolution method in hospitals for incident specific, medical trauma for child to sequentially relate & cognitively comprehend the traumatic event.	7 – 17	Chapman, Morabito, Ladakakos, Schreier, & Knudson (2001) [150]	USA	Other	Ethnicity; Other	Psychological/ emotional or behavioural symptoms	RCT: Yes Control: TAU Follow up: 1wk & 1mth (Post-treatment)	n=31 Combined sample: (F=21%; M=71% mean:10.7)	n=27	a. No b. No c. No d. 1mth Duration: 1 x 1hr Note: Pre/post treatment care and adjustment for min 24hr hospital stay.
In-patient song-writing to reduce PTSD symptoms	To develop an in-patient song writing procedure that is more effective at PTSD symptom reduction than listening to recreational music.	9 – 11	Coulter (2000) [151]	USA	Child abuse; Child sexual abuse	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=9 F=4; M=5 range:9-17	No control group	a. No b. No c. N/A d. N/A Duration: 1 x 8 sessions (song writing x4, music listening x4).
Koping Adolescent Group Program (KAP)	To increase mental health literacy, connectedness with peers, emotional adjustment & increase repertoire of coping skills.	12 – 18	Fraser & Pakenham (2008) [152]	Australia	Parental mental illness	Other	Psychological/ emotional or behavioural symptoms; relationships & family or social functioning	RCT: No Control: Waitlist Follow up: 2mths	n=27 (child) F=16; M=11 mean:13.4	n=17 (child) F=11;M=6 mean:13.2	a. No b. No c. N/A d. N/A
Mothers & Toddlers Program	To use an attachment-based parenting method for mothers in substance use treatment targeting their ability to care for their children.	0 – 3	Suchman, DeCoste, Castiglioni, McMahon, Rounsaville, & MaYes (2010) [153]	USA	Parental substance use	Other	Relationships & family or social functioning	RCT: No Control: Psycho-education group Follow up: None	n=23	n=24	a. No b. No c. N/A d. N/A
Parent support group intervention	To focus on parenting (i.e., empathy, discipline) & discuss DV; to offer emotional & practical support for issues of safety, child custody & legal proceedings.	3 – 12	Basu, Malone, Levendosky, & Dubay (2009) [154]	USA	Family violence; Other	Ethnicity	Psychological/ emotional or behavioural symptoms	RCT: Yes Controls: Access services (no treatment) & Early	n=9 (mother) n=5 (child)	No treatment: n=15 (mother) n=11 (child).	a. No (non sig. mother & child, small sample). b. No c. No d. 6mths

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Designs	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
	Separately children discuss DV, aim to reduce feelings of shame & master behaviours during conflict.							termination (<5 sessions) Follow up: 3/6mths		Early termination: n=12 (mother), n=5 (child).	Duration: 1 x 10wks.
Social Information Processing Model	To provide a cognitive adjustment program for parental attitudes toward child rearing to reduce the potential for child physical abuse.	1 – 6	Sawasdipanich, Srisuphan, Yenbut, Tiansawad, & Humphreys (2010) [155]	Thailand	Child abuse	Other	Risk for childhood abuse	RCT: Yes Control: TAU plus psycho-education Follow up: None	n = 56	n=70	a. No b. No c. N/A d. N/A
Structured Psycho-therapy for Adolescents Responding to Chronic Stress (SPARCS)	To enhance adolescents' ability to cope more effectively in the moment through mindfulness, & to create connections & meaning. Program uses mindfulness & interpersonal skills from Dialectical Behaviour Therapy: problem-solving skills, enhancing social support & planning for the future.	13 - 21	Weiner, Schneider, & Lyon (2009) [31]	USA	Not specified	Other	Psychological/ emotional or behavioural symptoms	RCT: No Pre/post treatment measures Follow up: None	n=65 F=32; M=33 mean:3.7	No comparison group	a. Yes (sig. on a few measures, but only for African/American participants. b. No c. N/A d. N/A

Note: RCT = Randomised Controlled Trial; TN = Trauma Narrative; F = Female; M = Male; n= no. of participants in sample; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings; TAU = Treatment As Usual; CPP = Child-Parent Psychotherapy; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 14b. Summary of Emerging B programs by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
Chapman Art Therapy Treatment Intervention (CATTI)	Chapman, … & Knudson (2001) [150]	7-17	TS/F								✓			✓				
In-patient song-writing to reduce PTSD symptoms	Coulter (2000) [151]	9-11	TS/F		✓	✓								✓				
Koping Adolescent Group Program (KAP)	Fraser & Packenham (2008) [152]	12-18		✓						✓				✓	✓			
Mothers & Toddlers Program	Suchman, … & Mayes (2010) [153]	0-3							✓						✓			
Parent support group intervention	Basu, … & Dubay (2009) [154]	3-12	TS/F					✓			✓			✓				
Social Information Processing Model	Sawasdipanich, … & Humphreys (2010) [155]	1-6			✓							✓						
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	Weiner, … & Lyon (2009) [31]	13-21	TS/F TIC		Not specified									✓				
Total programs				**1**	**2**	**1**	**0**	**1**	**1**	**1**	**2**	**1**	**0**	**5**	**2**	**0**	**0**	**0**

Note: TS/F = Trauma specific/ focused; TIC = Trauma informed care; SMU = Substance misuse; MI = Mental illness; PEBS[1]= Psychological/ emotional or behavioural symptoms; RFSF[2]= Relationships & family/ social functioning.

Table 15a. Summary of Emerging B service models

Approach name	Aims	Age range	Authors & years	Country	Trauma types	Population	Outcome domains	Design	Participants		Summary of main findings [a-d]
									Intervention	Comparison	
ARS: Intensive home visiting	To use a Family Care Plan to set goals for family progress to address family needs, support parent-child relationships & offer social support.	0 – 5	Conley & Berrick (2010) [156]	USA	Child abuse; Child sexual abuse; Neglect; Other	Ethnicity	Service utilisation	RCT: No Control: No treatment group Follow up: None	n=134 F=63; M=71	n=511 F=229; M=282	a. No b. No c. N/A d. N/A Duration: 9-12mths
Combined TFCBT/ psycho-educational/ supportive group intervention	To reduce parental post-traumatic stress symptoms (in non-offending parents of childhood sexual abuse), & to improve family functioning.	5 – 15	Hernandez, Ruble, Rockmore, McKay, Messam, Harris, & Hope (2009) [157]	USA	Child sexual abuse	Other	Relationships & family or social functioning	RCT: No Pre/post treatment measures Follow up: None	N= Not specified Females only	No comparison group	a. No b. No c. N/A d. N/A
Healthy Start Program (HSP)	To prevent child abuse by improving family functioning & parenting behaviour.	0 - 5	Duggan, Fuddy, Burrell, Higman, MacFarlane, Windham, & Sia (2004) [158]	USA	Other	At risk families	Risk for childhood abuse	RCT: Yes Control: No treatment Follow up: None	n=373 (family)	n=270 (family)	a. No b. No c. N/A d. No (data is available for 1-3yrs follow up but regression modelling was used).

Note: CBT = Cognitive Behaviour Therapy; TAU = Treatment As Usual; RCT = Randomised Controlled Trial; Non-sig. = statistically non-significant findings; Sig. = statistically significant findings; F = Female; M = Male; n= no. of participants in sample; a-d = a. Summary of significant findings; b. Harm reported; c. Significant findings at follow up; d. Duration of follow up.

Table 15b. Summary of Emerging B service models by targeted age, trauma type and outcome domain

Approach name	Authors & year	Age	Trauma-specific/focused Trauma-informed care	Australia	Trauma type							Outcome domain						
					Child abuse	Sexual abuse	Neglect	Violence	Parent SMU	Parent MI	Other	Risk for abuse	Physical	PEBS[1]	RFSF[2]	Educational	Service utilisation	Cognition
ARS - Intensive Home Visiting	Conley & Berrick (2010) [156]	0-5			✓	✓	✓				✓						✓	
Combined TFCBT/ psychoeducational/ supportive group intervention	Hernandez, … & Hope (2009) [157]	Not specified	TS/F			✓									✓			
Healthy Start Program (HSP)	Duggan, … & Sia (2004) [82]	0-5									✓	✓						
Total service models				**0**	**1**	**2**	**1**	**0**	**0**	**0**	**2**	**1**	**0**	**0**	**1**	**0**	**1**	**0**

Note: TS/F = Trauma specific/ focused; TIC = Trauma informed care; SMU = Substance misuse; MI = Mental illness; PEBS[1]= Psychological/ emotional or behavioural symptoms; RFSF[2]= Relationships & family/ social functioning.

Appendix 3: Practice survey

Table 1. Networks, associations and organisations contacted to disseminate project information and practice survey

Dissemination and promotion contacts	
Networks, associations and newsletters	**Targeted organisations**
Association of Children's Welfare Agencies (ACWA)	Anglican Diocese of Brisbane (QLD)
Association for the Welfare of Children in Hospital - Western Australia	Anglicare (National)
Association for the Wellbeing of Children in Healthcare (AWCH)	Barnardos Australia (NSW)
Australian Association of Social Workers (AASW)	BoysTown (QLD)
Australian Children's Foundation (ACF)	The Benevolent Society (NSW)
Australian Child & Adolescent Trauma, Loss & Grief Network (ACATLGN)	Berry Street (VIC)
Australian Institute of Family Studies (AIFS)	CatholicCare (NSW)
Australian Research Alliance for Children and Youth (ARACY)	Centacare (National)
Child Family Community Australia (CFCA)	Child Protection, DHS
Children's Healthcare Australasia	Children's Protection Society (VIC)
Children of Parents with a Mental Illness (COPMI)	Communicare (WA)
Family Relationship Services Australia	Connections Child Youth and Family Services (VIC)
Family Support Services Association of Tasmania (FSSA)	Gateway Community Health (VIC)
Murdoch Childrens Research Institute (MCRI)	Good Beginnings Australia (National)
NSW Family Services/Fams	Mallee Family Care Inc. (VIC)
Parenting Research Centre (PRC) corporate newsletter	Menzies School of Health Research (NT)
Peak Care QLD	Mission Australia (National)
Queensland Commission for Children and Young People	Relationships Australia (National)
Royal Children's Hospital (RCH) professional newsletter	Red Cross
Young People and Child Guardian's (CCYCG)	Salvation Army
Women's Information and Referral Exchange (WIRE)	The Smith Family (National)
	St Giles (TAS)
	UnitingCare (National)
	Wanslea Family Services (WA)
	Youth and Family Focus (TAS)

Table 2. Participant and organisational characteristics reported by the respondents to the trauma Practice Survey

	Total Sample *N*=468			Practice Sample [b] *N*=293	
	n (%)	Missing *n* (%)	Missing *n* (adj[a])	*n (%)*	Missing *n* (%)
Gender		30 (7%)	5 (1%)		3 (1%)
Male	42 (11%)			28 (10%)	
Female	335 (89%)			262 (90%)	
Education		25 (6%)	0		1 (<1%)
High school	4 (1%)			3 (1%)	
Tafe	31 (8%)			21 (7%)	
University (undergraduate)	129 (34%)			93 (32%)	
Graduate Diploma	127 (33%)			103 (35%)	
University (masters/phd)	70 (18%)			54 (19%)	
Other	21 (6%)			17 (6%)	
Organisation Type		29 (7%)	4 (1%)		2 (1%)
Government	117 (31%)			90 (31%)	
Non-Government	261 (69%)			201 (69%)	
Funding		29 (7%)	4 (1%)		2 (1%)
Sole FaHCSIA	36 (10%)			30 (10%)	
Partially FaHCSIA	125 (33%)			95 (33%)	
Non-FaHCSIA	158 (42%)			116 (40%)	
Not sure	59 (16%)			49 (17%)	

	Total Sample *N*=468			Practice Sample [b] *N*=293	
	n (%)	Missing *n* (%)	Missing *n* (adj[a])	*N (%)*	Missing *n* (%)
Organisation description		27 (7%)	2 (1%)		2 (1%)
Family Support	97 (26%)			71 (24%)	
Community Services	84 (22%)			62 (21%)	
Education	17 (5%)			15 (5%)	
Hospital/Medical	31 (8%)			21 (7%)	
MCH	16 (4%)			15 (5%)	
Child Protection	50 (13%)			40 (14%)	
Disability Support	15 (4%)			9 (3%)	
Other	70 (18%)			58 (20%)	
Current Position		31 (8%)	6 (2%)		3 (1%)
Family care/support worker	48 (13%)			40 (14%)	
Social worker	49 (13%)			32 (11%)	
Allied health	46 (12%)			39 (13%)	
Manager	53 (14%)			36 (13%)	
Team leader	58 (15%)			47 (16%)	
Case manager	46 (12%)			35 (12%)	
Other	76 (20%)			60 (21%)	

	Total Sample *N*=468			Practice Sample [b] *N*=293	
	n (%)	Missing *n* (%)	Missing *n* (adj[a])	*n (%)*	Missing *n* (%)
Professional Discipline		29 (7%)	4 (1%)		2 (1%)
Family support	57 (15%)			43 (15%)	
Psychology	55 (15%)			43 (15%)	
Social work	113 (30%)			86 (30%)	
Welfare	37 (10%)			24 (8%)	
Teaching	28 (7%)			21 (7%)	
Counselling	31 (8%)			28 (10%)	
Speech pathology	5 (1%)			5 (2%)	
Occupational therapy	7 (2%)			6 (2%)	
Nursing	13 (4%)			10 (3%)	
Other	32 (8%)			24 (8%)	
Services and Programs		9(2%)			6(2%)
Early intervention or preventative services	235 (63%)			176 (61%)	
Crisis intervention	173 (46%)			132 (46%)	
Parenting education	278 (75%)			220 (77%)	
Relationship support	169 (45%)			133 (46%)	
Family law services	21 (6%)			14 (5%)	
Group work	189 (51%)			141 (49%)	
Individual work	270 (72%)			205 (71%)	
In-home work	198 (53%)			154 (54%)	

	Total Sample *N*=468			Practice Sample [b] *N*=293	
	n (%)	Missing *n* (%)	Missing *n* (adj[a])	*n (%)*	Missing *n* (%)
Clinic work	88 (24%)			72 (25%)	
Telephone service delivery	93 (25%)			72 (25%)	
Brokerage and referral	152 (41%)			116 (40%)	
Other	61 (16%)			51 (18%)	
Organisation Service Model		8(2%)			5(2%)
Integrated service delivery	207 (55%)			157 (55%)	
Community development	85 (23%)			66 (23%)	
Adult focused care	11 (3%)			8 (3%)	
Family case management	158 (42%)			125 (43%)	
Long term care	43 (12%)			32 (11%)	
Intensive intervention	119 (32%)			94 (33%)	
In-home care	42 (11%)			33 (12%)	
Out of home care (e.g. foster and residential care)	76 (20%)			61 (21%)	
Early intervention or prevention	161 (43%)			124 (43%)	
Other	34 (9%)			28 (10%)	

Note. [a] Missing values adjusted to exclude participants who did not complete any questions in Section 1 (dropped out after screening)

[b] Practice Sample includes participants who answered questions about their practice with children at risk of or exposed to trauma (provided information about working with trauma).

Table 3. Theoretical orientation or perspective reported by respondents to the Practice Survey

Category	Frequency	Example response
Person-centred	50	Person centred
Attachment	47	A combination of current thinking and research involving psychodynamic, attachment and neuroscience theories and frameworks
Systemic	45	A systemic approach understanding the trauma in the context of intergenerational influence. Also from the NMT/attachment training
Narrative	44	Narrative, emotion focused, attachment, feminist object relations
Strengths-based	40	Child-centred, person-centred, narrative, strengths-based
Child-centred	33	Child centred practice
Family-centred	27	Family & systemic therapy and eclectic
Trauma-informed	24	Draw on systemic, trauma-informed and other related theories as needed
Eclectic	21	I have a diverse and eclectic theoretical approach including psychodynamic, play therapy, family therapy, systems theory, person/child centred, developmental and feminist approaches
Psychodynamic	16	Psychodynamic and person centred
Developmental	15	Attachment and developmental theories
Psychosocial	15	Psychosocial, relational, systemic
Solutions-focused	14	Narrative therapy, Brief solution focussed therapy
Systems	13	An integrated approach utilising systems theory, strengths based, narrative and person centred approaches
Relational	13	Child centred, systemic, narrative, psychodynamic, relational
Behavioural	11	Person centred and behavioural with a focus on actions and reactions
Cognitive Behaviour Therapy (CBT)	11	Cognitive-behaviour therapy
Neuroscience	9	Bruce Perry's neuroscience approach to trauma

Category	Frequency	Example response
Play Therapy	7	Play based therapy for children
Grief and Loss	6	Attachment, Family & Systems , Grief & Loss, Child Development & Trauma
Resilience	5	Client centred, trauma informed, strengths based, resilience-building
Acceptance and Commitment Therapy (ACT)	5	Eclectic, systems, attachment, relational, ACT, RFT, narrative, trauma sensitive
Feminism	5	Narrative, emotion focused, attachment, feminist object relations
Humanistic	4	An integrated model of humanistic and psychotherapeutic; Person-centred, Attachment Theory, Object Relations, Gestalt
Crisis Intervention	3	Therapeutic Crisis Intervention
Ecological	3	Systemic, strengths based, attachment theory, ecological, narrative, feminist ideology, psychosocial, person centred

Table 4. Frequency distributions of responses to questions relating to respondent confidence and experience

						Total
	Hardly Ever	Monthly	Weekly	Once a Day	More than Once a Day	
How frequently do you have contact with children who have experienced a potentially traumatic event?	19	46	105	36	85	291
	Not at all	A little	Moderately	Quite a bit	Extremely	
How confident are you in recognising the signs and symptoms of trauma?	1	12	55	150	73	291
To what extent is the assessment of trauma and its impact is a priority in everyday work?	7	22	57	100	103	289
How comfortable are you discussing difficult or frightening experiences with children and families?	3	25	54	125	81	288
How much experience do you have in treating children who have experienced trauma?	19	55	74	91	47	286
How confident are you in delivering therapies for trauma in your usual practice?	40	53	79	87	30	289

Table 5. The 49 categories used to describe the 989 strategies and techniques used in everyday practice to target outcomes in children exposed to abuse and neglect

Category	Frequency	Example response
Referral and linking with other services/support	133	Active working relationship with enhanced maternal child health nurses Help other people involved in the child's care/education to understand the effects of trauma on the child's development Make appropriate referrals to assist child therapeutically either in house or external services
Education of child, family, parents	113	Attending to any educational interventions that could be shared in a developmentally appropriate way e.g. What is physical abuse Educating the children's carers around trauma and how this impact on children, their behaviour and development
Safety/Routine Home Environment	99	Assist families to provide calm, safe, structure at home and look after stress of whole family. Establishing a safe and secure environment
Child centred work	88	Client centred - meeting client where they are at each day - allowing choice at every opportunity
Parenting support	87	Assisting parents in supporting their children who have experienced trauma Debrief and discuss strategies of responding to child's behaviour with foster parents
Art/Creative/Play Therapy	82	Creative arts in therapy- play, drama, art Sand tray work and symbol work to allow the child to express without necessarily talking
Family work (including parent-child relationship)	71	Assess families and children to gain a better understanding of the trauma experienced Encouraging enhancement of parent/carer/child relationships

Category	Frequency	Example response
Supporting and interacting with the client/building relationship/rapport	58	Be a consistent, caring and secure base for parents and children Engagement in dialogue/rapport building/structuring a safe place to reflect
Acknowledging and exploring feelings and abilities	42	Acknowledging skills/ abilities of family members Normalising the clients feelings and reactions
Teaching skills/strategies	38	Communication skills/strategies to use Preventive strategies to reduce stress and risk (like managing the environment , routine and structure and building rapport), co-regulation strategies and intervention strategies to help deescalate the child
Assessment	37	Assess families and children to get a better understanding of the trauma experience Identify that a child has had trauma
Supporting expression (verbal and non-verbal communication)	36	Be available to talk and support Communication with the child's family members Expression through non-verbal means Give them a space to express their feeling and emotions using a variety of tools
Addressing and understanding behavioural issues	30	Behaviour management strategies due to trauma Talking with the parents about understanding children's behavioural response
Relaxation strategies	29	Body awareness/mindfulness/breathing/ safe place (EMDR) Creating safety, support and self-care including relaxation and positive self-talk strategies to manage triggers and stress
Narrative Strategies	28	Narrative discussions through art Life story work
Specific interventions/therapies/theories	27	Therapeutic intervention as required Brain stem interventions-patterned repetitive activity

Category	Frequency	Example response
Working with schools	23	Build capacity of schools to support the behaviour of students who have experienced trauma Connecting them with the school guidance counsellor
Developmentally tailored care	22	Age/developmentally appropriate honesty and information Talk to caregivers about the impact of trauma on development
Specific strategies	22	Bear cards/strength cards Bioenergetics and encouraging exercises in kids
Open questions/Active Listening	21	Build trust and rapport by applying listening skills Open questions and listening with skills and heart
Group work	18	Conduct regular group work activities for children to help them understand their past Group meetings to discuss domestic violence and the effects on children
Other	14	Example not provided
Counselling	13	Counselling for individual students and groups of students Relationship building-co regulation of affect in counselling sessions
Strengths based work	13	Helping the client identify strengths on their part that have helped them survive or cope with the trauma Strengths based work that build up individuals strengths and uses these to assist them to move on
Individual work	13	Individual counselling Specific risk assessment, safety planning and casework with individual children in families

Category	Frequency	Example response
Reduce negative impacts	13	In collaboration with parents draft a Case Plan to address underlying problems within the home to minimise dangers/risk factors. Working with parental mental illness/ trauma to reduce impact on child
Support emotion regulation	12	Affect regulation training Support with emotional regulation
Trainings for practitioners	11	Commitment to ongoing training with a trauma-attachment focus for direct service delivery staff and for carers. Keeping up to date with trauma training and new programs that might be able to assist families.
Encouragement	10	Example not provided due to low proportion of responses
Advocacy	9	Example not provided due to low proportion of responses
Home supports	9	Example not provided due to low proportion of responses
Modelling behaviour/ Role modelling	9	Example not provided due to low proportion of responses
Self-awareness	8	Example not provided due to low proportion of responses
Assisting with resources	6	Example not provided due to low proportion of responses
Emotional	6	Example not provided due to low proportion of responses
Structure of session	6	Example not provided due to low proportion of responses
Building resilience	5	Example not provided due to low proportion of responses
Casework	5	Example not provided due to low proportion of responses
Relational activities	5	Example not provided due to low proportion of responses
Management/ review/ monitor	5	Example not provided due to low proportion of responses

Category	Frequency	Example response
Boundaries	4	Example not provided due to low proportion of responses
Empowerment	4	Example not provided due to low proportion of responses
Reflection	4	Example not provided due to low proportion of responses
Goal setting	4	Example not provided due to low proportion of responses
Allow self-determination/ choices	3	Example not provided due to low proportion of responses
Engagement	3	Example not provided due to low proportion of responses
Cognitive processes	3	Example not provided due to low proportion of responses
Visualisations	2	Example not provided due to low proportion of responses

Table 6. Respondent's reported awareness of evidence-based approaches to treat or prevent trauma in children exposed to trauma through abuse and neglect, as reported by more than one respondent

Reported evidence-based approaches (multiple respondents; n = 48 approaches)								
Approach	**Frequency**	**REA rating**	**Approach**	**Frequency**	**REA rating**	**Approach**	**Frequency**	**REA rating**
Neurosequential Model (Bruce Perry)	15	EA	Sanctuary Model	6	PA	Acceptance and Commitment Therapy	4	N/A
Trauma-focused CBT	14	WS	Narrative Therapy	5	N/A[3]	Psych Education/ Information	3	N/A
Play Therapy	12	N/A[1]	Tuning into Kids	5	N/A	Triple P	3	N/A
Circle of Security	12	N/A	Peek-a-Boo Club (Wendy Bunstan, RCH)	5	N/A	Life Story Work	3	N/A[5]
Dyadic Developmental Psychotherapy	10	N/A	Mindfulness	5	N/A	CARE	3	N/A
Australian Childhood Foundation (ACF)	10	N/A	Attachment, self-regulation & competency (ARC)	5	PA	Early Identification & Referral	3	N/A
Art Therapy	8	N/A[2]	Psychotherapy	4	N/A	Sandplay Therapy	3	N/A
Cognitive Behavioural Therapy (CBT)	8	PA	Counselling	4	N/A	PARKAS	3	N/A
Therapeutic Crisis Intervention (TCI)	7	N/A	Take Two - Berry Street	4	EA[4]	Music Therapy	3	N/A[6]
Parent-child interaction therapy (PCIT)	7	PA	Eye Movement Desensitisation Reprocessing (EMDR)	4	PA	Marte Meo	3	N/A

See all notes on the two next pages.

Reported evidence-based approaches (multiple respondents; n = 48 approaches)								
Approach	**Frequency**	**REA rating**	**Approach**	**Frequency**	**REA rating**	**Approach**	**Frequency**	**REA rating**
Angel Blankets	3	N/A	Headspace	2	N/A	Tree of Life - Dulwich Centre	2	N/A
Neurofeedback	2	EA	Emotion focused therapy	2	EA	TARGET (Julian Ford)	2	PA
PANOC	2	N/A	DV services	2	N/A	Reparative Parenting Program	2	N/A
Therapeutic Residential Care	2	PB	Dialectic Behavioural Therapy	2	N/A	Incredible Years	2	N/A
Motivational interviewing	2	N/A	Multi-Systemic Therapy (MST)	2	S	Evolve	2	N/A
Helping out families program	2	N/A	Van der Kolk	2	N/A	Animal Therapy	2	N/A[7]

Note: N/A means approaches not identified by the REA.

[1] Play Therapy was not classified as being identified in the REA as it was not known whether this program mirrored that of programs utilising play identified in the REA. “Play Therapy” identified in the REA received an EA rating.

[2] Art Therapy was not classified as being identified in the REA as it was not known whether this approach mirrored that of approaches utilising art identified in the REA. Note. “Chapman Art Therapy Treatment Intervention” identified in the REA received an EB rating. “Combined art therapy and cognitive behavioural therapy as a program also identified in the REA received an EA rating. “Group Art Therapy” received a PA rating in the REA. “Combined art therapy and cognitive behavioural therapy” as a program also identified in the REA received an EA rating.

[3]Narrative therapy described in this table was not classified as being identified in the REA, as narrative therapy as a standalone approach was not identified in the REA. “TF-CBT with the narrative component” was rated WS in the REA. “Grief and trauma intervention”, which comprised trauma narrative processing, was identified in the REA as EA. It should be noted that narrative exposure therapies were identified in the REA as effective approaches in war populations but these were excluded due to war populations being beyond the scope of this project. Standalone narrative therapy was not identified in the REA for populations of abuse and neglect.

[4] Take Two incorporates a range of specific interventions, as well as Neurosequential Model of Therapeutics as an overarching approach.

[5]Triple P was rated N/A as it was not known whether this program was referring to the Triple P - Enhanced Group Behavioural Family Intervention identified in the REA. Triple P - Enhanced Group Behavioural Family Intervention is an adaptation of Triple P, which is an adaptation specifically designed for parents to reduce the risks for child maltreatment. Enhanced Triple P received a PA rating in the REA.

[6]Life story work was kept independent of narrative therapy as it was not known whether components of life story work mirrored that of narrative therapy.

[7] Music therapy was not classified as being identified in the REA as it was not known whether this approach mirrored that of approaches utilising music identified in the REA. The one approach identified in the REA with a music component was “In patient Song Writing (distinct from music therapy), which received an EB rating in the REA”

[8]Animal Therapy was not classified as being identified in the REA as it was not known whether this approach mirrored that of approaches utilising animals identified in the REA.” Equine assisted therapy” was identified in the REA as EA.

Well Supported approaches that practitioners are aware of: n=1 (TF-CBT); Supported approaches that practitioners are aware of: n=1 (MST); Promising A approaches that practitioners are aware of: n=6 (CBT, PCIT, EMDR, TARGET, ARC, Sanctuary); Promising B approaches that practitioners are aware of: n=1 (Therapeutic Residential Care); Emerging A approaches that practitioners are aware of: n= 4 (Neurosequential Model, Take Two, Neurofeedback, Emotion focused therapy); Emerging B approaches that practitioners are aware of: n=0; No effect approaches that practitioners are aware of: n=0; Concerning Practice approaches that practitioners are aware of: n=0; N/A: n= 35; Total: 48 approaches.

Table 7. Respondent's reports of awareness of evidence-based approaches to treat or prevent trauma in children exposed to trauma through abuse and neglect, as reported by a single respondent

Reported evidence-based 'programs' (single respondents; n = 109 approaches)							
Approach	**REA rating**	**Approach**	**REA rating**	**Approach**	**REA rating**	**Approach**	**REA rating**
123 magic behaviour management course	N/A	DHS	N/A	Drug and alcohol sessions for families - education & support	N/A	Health advise - cooperative food sources	N/A
Anything by Dan Siegal	N/A	Drama Therapy	N/A	Family focused therapy	N/A	Home visiting program	S
Attachment Therapies	N/A	Drug and alcohol sessions for families - education & support	N/A	Family intervention to assist natural families	N/A	Homebuilders child Protection Intervention Program	N/A
Banana splits	N/A						
Bereavement Counselling	N/A	DV programs for children who have experienced DV but at the time of entering into the program they are not in DV. (i.e., KIDS CAN Coffs Harbour)	N/A	Family Mediation Centres (POP Programmes)	N/A	Hornsby Child & Family Adolescent Mental Health	N/A
Berry Street (Take two)	EA			Family Pathways programmes	N/A	Horses Helping out Humans Program	N/A
Bravehearts	N/A			Family Play Therapy/ Filial Therapy	N/A	I'm currently do research on knowledge guided practice within out of home care, as there is none known in QLD	N/A
Bubs @ the Hub	N/A						
Calmer classrooms program (Melb)	N/A	Emotional Release through symbol work	N/A	FIST -Feeling Is Thinking	N/A		
CAMHS	N/A	Equine Assisted Therapy EAGALA	EA	Flexibly Sequential Play Therapy (FSPT) developed by Paris Goodyear-Brown	N/A	Individualised programs within the service I work	N/A
CASA	N/A	Experiential therapy	N/A				
Catholic Care	N/A	Expressive Therapy	N/A	Dyadic developmental psychotherapy – for disorganised attachment	N/A	Infant Mental Health programs	N/A
Circle programme OzChild Home Based Care	N/A					Instruction in Relaxation/ Anxiety management techniques for individual trauma triggers	N/A
Clayfield therapy	N/A	DHS	N/A	Family focused therapy	N/A		
Community support groups	N/A	Drama Therapy	N/A				

Total approaches: n=109. Well Supported: n=0, Supported: n=2 (Home Visiting Service, PUP), Promising A: n=0, Promising B: n=1 (Trauma Systems Therapy), Emerging A: n=2 (Berry Street, Equine Assisted Therapy), Emerging B: n=0, No effect: n=0, Concerning Practice: n=0. N/A: n=104; N/A means approaches not identified by the REA.

Table 7. Continued: Respondent's reports of awareness of evidence-based approaches to treat or prevent trauma in children exposed to trauma through abuse and neglect, as reported by a single respondent

Reported evidence-based 'programs' (single respondents; n = 109 approaches)							
Approach	**REA rating**	**Approach**	**REA rating**	**Approach**	**REA rating**	**Approach**	**REA rating**
Integrative Treatment of Complex Trauma for Children - John Briere	N/A	Horses Helping out Humans Program	N/A	Long term psychodynamic treatments	N/A	Provide financial support/ debt advise	N/A
J Mitchell Case study in Attempted reform in out of home care: A Preliminary Examination of the Circle Therapeutic Foster Care Program, Victoria. Master thesis Monash University.	N/A	Long term psychodynamic treatments	N/A	Me and my Mum (for children from DV)	N/A	PTSD in young people post MVA's - Justin Kennardy at al research project	N/A
Jannawi Family Centre	N/A	Me and my Mum (for children from DV)	N/A	MEND domestic violence awareness program for perpetrators	N/A	Rage Program	N/A
Just For Kids	N/A	MEND domestic violence awareness program for perpetrators	N/A	Neurological Reparative Therapy (Dave Ziegler)	N/A	Resilience Framework	N/A
Jungle tracks - refuge children	N/A	Neurological Reparative Therapy (Dave Ziegler)	N/A	New Street & Rural New Street	N/A	Safe from the start	N/A
Kids Create Tomorrow (Bensoc)	N/A	New Street & Rural New Street	N/A	Pat Ogden body work	N/A	Seasons for growth program	N/A
Kinesiology	N/A	Non punitive - therapeutic based	N/A	Person Centred Psychotherapy	N/A	Seeing red program	N/A
Leapin Lizards (our organisation has recently offered this program)	N/A	North Carolina Family Assessment Scale	N/A	Pet Therapy	N/A	Sensory Attachment Intervention (Eadaoin Bhreathnach)	N/A
Lifeworks	N/A	PACT	N/A	Pre-natal and post natal support for young mothers	N/A	Sensory integration theory	N/A
Light house Foundation	N/A	Paradise kids	N/A	Breakfast clubs in schools	N/A	Sensory Modulation (Tina Champagne)	N/A
		Parents as Teachers Program	N/A	Give mental health advise	N/A	Sensory programmes	N/A
		Parents Under Pressure (PUP)	S	Provide a sense of safety & hope	N/A	Sexualised Behaviour Strategies	N/A
						SFCR	N/A

Table 7 Continued: Respondent's reports of awareness of evidence-based approaches to treat or prevent trauma in children exposed to trauma through abuse and neglect, as reported by a single respondent

Reported evidence-based 'programs' (single respondents; n = 109 approaches)							
Approach	**REA rating**	**Approach**	**REA rating**	**Approach**	**REA rating**	**Approach**	**REA rating**
Shaping Brains	N/A	Supported play groups	N/A	Three pillars of trauma informed care (Bath)	N/A	Wait Watch and Wonder	N/A
Somatic Experiencing	N/A	Systemic Work with child safety, education, Govt. & non-Govt. services	N/A	Transpersonal Art Therapy	N/A	Working systemically with stakeholders	N/A
Special camps	N/A	Tavistock clinic	N/A	Trauma and recovery	N/A	Wrapped in Angels	N/A
St George/ Sutherland Building Resilience in Children Project	N/A	The Bridge Anger Management	N/A	Trauma informed	N/A	www.childtrauma.org	N/A
Story telling	N/A	Therapeutic Daycare/Preschools	N/A	Trauma informed counselling	N/A	Yarning up on trauma	N/A
Strength Based Practice	N/A	Theraplay TTI	N/A	Trauma systems therapy	PB	Yoga based programs (Bessel Van Der Kolk)	N/A
Supported counselling	N/A			Trusting environment	N/A	Using a Neurobiology lens to work with Trauma	N/A
				Using a Neurobiology lens to work with Trauma	N/A		

Table 8. Frequency of approaches currently used to treat or prevent trauma in children exposed to abuse and neglect reported by more than one respondent (n = 15)

Approach	Frequency	REA ranking
Play therapy	9	N/A*
Circle of Security	8	N/A
Art therapy	5	N/A*
Parents Under Pressure (PUP)	3	Supported
Angel Blankets	3	N/A
Mindfulness	3	N/A
Neurosequential Model of Therapeutics (NMT)	3	Emerging A
Cognitive Behavioural Therapy (CBT)	2	Promising A
Trauma Focused CBT (TF-CBT)	2	Well Supported
Counselling	2	N/A
Therapeutic Crisis Intervention	2	N/A
Parents as Teachers	2	N/A
Reparative Parenting Program	2	N/A
Sanctuary Model	2	Promising A
Seasons for Growth	2	N/A

*Note. It is unknown whether the Art therapy and Play therapy approaches currently being utilised by respondents mirrored the Play therapy and Art therapy programs identified in the REA. Thus, N/A was applied to Play therapy and Art therapy in this table. Readers are advised to refer to the original papers if they wish to compare Play therapy and Art therapy with those identified in the REA. N/A means approaches not identified by the REA.

Table 9. Descriptions of approaches currently used to treat or prevent trauma, as reported by a single respondent

Reported evidence-based approach (single respondent, n = 64)							
Approach	**REA rating**	**Approach**	**REA rating**	**Approach**	**REA rating**	**Approach**	**REA rating**
123 Magic	N/A	Family Liaison Workers	N/A	On Fire	N/A	Strengthening Families	N/A
Babies in Refuge	N/A	Family Mediation	N/A	Parenting Circles	N/A	Support to Foster Carers	N/A
Brighter Futures	PB	FIST - Feeling IS Thinking	N/A	Parenting Workshop	N/A	Supported Playgroup	N/A
Calmer Classrooms	N/A	HCSSS	N/A	Parents Early Education Program (PEEP)	N/A	Therapeutic Residential Care	PB
CAMHS	N/A	Home Visiting Program	S	PARKAS	N/A	Touching Rules and Protective Behaviours Programs	N/A
Child & Family program	N/A	Impact of Trauma	N/A	PCIT	PA	Training Staff	N/A
COMPI	N/A	Infant Massage Instruction	N/A	Photo Elicitation	N/A	Transforming Care Training	N/A
C-Star	N/A	Journey of a Lifetime	N/A	POP Programme	N/A	Trauma and the Brain	N/A
Dan Hughes	N/A	Just For Kids	N/A	Post Natal Depression Group Program	N/A	Trauma Counselling	N/A
Dan Siegel's Attachment Practices	N/A	Liana Lowenstein's Resource for bereaved children	N/A	Koping (KAP)	EB	Trauma in the Classroom	N/A
Emotion Coaching	N/A	Life Story Work	N/A	Referral	N/A	Triple P	N/A
Emotion Regulation	N/A	Marte Meo	N/A	Sandplay	N/A	Triple R	N/A
Expressive Therapy & Sandplay	N/A	Mental Health Nurse	N/A	Solution Focused Brief Intervention	N/A		
Family Counselling	N/A	Motivational interviewing	N/A	StarGazers	N/A		

See Notes on the next page.

Approaches that were described (but not specifically named)	REA rating
Ensuring all stakeholders are well informed in trauma, attachment and neurobiology of trauma, create a stable placement to ensure safety, work closely with natural families and young person to create hope. A combination of techniques to support a child.	N/A
The benefit of quality early years education for children at risk of abuse and neglect.	N/A
We provide care to young people who have experienced abuse or neglect - which could be referred to as a traumatic experience. Research tells us that young people do well when they are able to trust the adults around them. We build an environment of consistent adults to build trust (key person) provide a nurturing environment by putting in clear boundaries, advocating for the young person's needs and by doing life story work with them to establish a bonding relationship which they can look back on when they are adults.	N/A
We are developing our own resource to use with aboriginal women to explore the effects of violence on children. The resource has been developed by strong women in the communities we work.	N/A
Focus is on building a healing relationship.	N/A
Integrative treatment of complex trauma for children.	N/A
It is more of an intervention base, in using care teams to develop long term plans for particular children and families.	N/A
Plan to engage with Creative Interventions with Traumatized Children + Breaking the Silence (Cathy Malchiodi)	N/A
Secure attachment and support for emotional co-regulation.	N/A
Self-regulating activity, learning how to manage situations that cause anxiety.	N/A

Well Supported: n=0; Supported: n=1 (Home Visiting Service); Promising A: n=1(PCIT); Promising B: n=2 (Brighter futures, Therapeutic Residential Care); Emerging A: n=0; Emerging B: n=1 (KAP); No effect: n=0; Concerning practice: n=0; N/A means approaches not identified by the REA.

[1] Nurse Home Visiting Service was rated as Supported in the REA and there were other approaches that described home visiting services and programs. As we could not be sure “Home Visiting Program” described here matched any of those described in the REA, the Home Visiting Program approach was given an N/A.

Appendix 4: Interview guide for organisational leader and senior manager consultations

[Ask bolded questions and use unbolded text as further prompts if required. Ask for more information or clarification if required]

General Service delivery questions:

What is your position and role within the organisation?

Please describe your organisation in terms of who you aim to assist and what you aim to achieve.

Client types/target population (who, where, ages, sub-groups):

Aims/outcomes:

Staff training/disciplines:

Government/NGO:

Theoretical or philosophical orientation:

Please describe your organisation in terms of how you typically work with clients.

Service model/Modes of service delivery (community-based, home-based, individual, family, group, child, parent, group, long or short-term, casework, case management) :

What types of services or programs are provided by the organisation?

- Early intervention or preventative services
- Crisis intervention
- Parenting education
- Relationship support
- Family law services
- Group work
- Individual work
- In home work
- In clinic work
- Telephone service delivery
- Other:_____

Names of specific programs delivered or therapeutic approaches used:

Decisions about practices to use:

This next set of questions asks about your organisation' approaches to making decisions about what practices or programs to use.

Who makes decisions about what training or programs are adopted in your organisation?

How do you (or senior management) make decisions about training for staff or practices and programs to use within your service?

Look at evidence-based practices?

Opportunities that arise?

Current trends?

What sorts of things influence your decisions about what programs or practices to adopt at your agency?

Practical drivers for the uptake of EBP (e.g., availability, time, cost to purchase, train or deliver, relevance to clients, appropriateness to aims/outcomes of service, support available from developers, delivery setting/mode, complexity, availability of manual/support materials, training availability/time, dosage requirements, data collection requirements, staff availability, languages).

Obstacles to the uptake of EBP (as above).

How relevant is the evidence-base behind a program, to the decisions made by your organisation to adopt a program or practice?

What (if any) supports does your organisation provide to assist with efforts to implement EBPs?

- ☐ Agency sponsored EBP trainings or in-services
- ☐ Conferences, workshops, or seminars focusing on EBP
- ☐ Guest speakers presenting about EBP
- ☐ EBP specific supervision and/or general guidance from administrators
- ☐ Continuing education and/or grand rounds focused on EBP
- ☐ Internal research and/or evaluation which has provided data regarding EBP
- ☐ EBP training materials or journals
- ☐ Time off or funding for individual training/education in EBP
- ☐ Financial incentives to use EBP[2]

Trauma-specific questions:

Now I want to find out about what your organisation does specifically in the area of trauma. So here I'm talking about child and family exposure to traumatic experiences associated with child abuse (physical, emotional and sexual), domestic violence, child neglect, parental substance abuse and parental mental illness.

Does this service/organisation work with children or families who have been exposed to or are at risk of exposure to these types of trauma?

What is your organisation's understanding of what Trauma is? It's definition? What can it include or exclude?

Do you use diagnostic frameworks for identifying trauma? Please describe.

What, if any, community resources are you aware of for children and families who have been exposed to trauma?

Would you say that the approach or strategies of your organisation to trauma for children, families and staff was planned and well implemented or more ad hoc and used intermittently?

What makes you say that?

Policies and procedures in place? E.g., routinely ask about previous trauma?

Clinical practice manuals?

Screening for trauma as routine in client assessment?

Staff training maintained?

Staff supervision/coaching maintained?

In general, what types of therapeutic approaches or models of care does your organisation use when working with children and families exposed to trauma or at risk of exposure to trauma?

What are the key components of the programs, practices or approaches used? Can you describe what workers do with clients?

Cognitive-behavioural techniques?

Behavioural therapy?

Interpersonal therapies?

Parenting programs or interventions?

Parent-child relationship interventions?

Mindfulness techniques?

Play or art based therapies?

What services, practices or programs do you provide for children/families that have been exposed to or are at risk of trauma?

For each program/practice identified, ask the following:

For Program 1: (write name or brief description, including whether established program/practice or created in-house)

Can you please describe the practice or program's content?

Describe the model/theoretical approach that the practice or program is based on.

Describe the key components, techniques or strategies that you use in this practice or program?

Have you adapted the practice or program from somewhere else?

How have you adapted it?

Why have you made these changes?

How are you ensuring fidelity to critical components of original program/practice?

How are you ensuring desired outcomes of original program still met?

Have staff ever participated in training for this practice or program?

Why are you using this practice or program within your service?

What setting is this practice or program provided in?

- ☐ Home
- ☐ Clinic
- ☐ Playgroup
- ☐ Classroom
- ☐ Metropolitan
- ☐ Rural
- ☐ Remote
- ☐ Other: _____

How is this practice or program delivered to families?

- ☐ Individual
- ☐ Group
- ☐ Telephone
- ☐ Family
- ☐ Short-term
- ☐ Long-term
- ☐ Single session

Frequency of sessions?

Duration of sessions?

Please describe the target groups of families you deliver this practice or program to.

- ☐ Children
- ☐ Adolescent
- ☐ Parent
- ☐ Stepfamilies
- ☐ Single parents
- ☐ Grandparents
- ☐ Disabilities/special needs - child/adolescent
- ☐ Disabilities/special needs - parent
- ☐ Teenage parents
- ☐ Child abuse and neglect (including physical, sexual and emotional abuse)
- ☐ Substance dependence and abuse
- ☐ Health/mental health issues
- ☐ Family/domestic violence issues
- ☐ Communication difficulties
- ☐ Relationship issues
- ☐ Child behaviour difficulties
- ☐ Other: _____

What are the intended outcomes of the practice or program?

For Child

- ☐ Physical health & development
- ☐ Psych/emotional wellbeing (int or ext)
- ☐ Cognition
- ☐ School & Educational
- ☐ Social

For parent or family

- ☐ Relationships & social functioning
- ☐ Service use
- ☐ Environmental risk
- ☐ Other:

Are you evaluating the effectiveness of this practice or program?

☐ Yes No ☐

How are you evaluating this program?

Publicly available? Where?

How is the program working? What sorts of outcomes are you seeing from it?

What evidence do you have of this?

[repeat set of questions for each program they identified.]

Thanks for your time. Any questions?

References

1. Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. (2012). FAHCSIA home page. http://www.fahcsia.gov.au/. Accessed 10 December, 2012.
2. Australian Government. (2012). Australian Institute of Family Studies webpage. http://www.aifs.gov.au/cfca/index.php. Accessed 4 November, 2012.
3. Frederico, M., Jackson, A., & Jones, S. (2006). *Child death group analysis: Effective responses to chronic neglect.* Melbourne, Victoria: Office of the Child Safety Commissioner, Victorian Child Death Review Committee.
4. Australian Government, Office for the Status of Women and Department of Prime Minister and Cabinet. (2001). *Working together against violence: The first three years of partnerships against domestic violence.* Canberra: Australian Government.
5. National Child Traumatic Stress Network. (2012). Types of traumatic stress. http://www.nctsn.org/trauma-types. Accessed December 10, 2012.
6. St. Vincent's Mental Health Service (Melbourne), Craze Lateral Solutions Bungendore. (2005). Homelessness and mental health linkages: Review of national and international literature. Report prepared for the Australian Government, Department of Health and Ageing.
7. American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th ed., text rev.)*. Washington, DC: Author.
8. Center for Substance Abuse Treatment. (2005). *Substance abuse treatment for persons with co-occurring disorders: Treatment improvement protocol (TIP) series, no. 42.* Rockville, US: Substance Abuse and Mental Health Services Administration.
9. Australian Centre for Posttraumatic Mental Health. (2012). Fact sheet: Trauma and mental health: Frequently asked questions. http://www.acpmh.unimelb.edu.au/resources/resources-community.html#fact_sheets. Accessed October 30, 2012.
10. Hopper, E. K., Bassuk, E. L., & Oliver, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *Open Health Serv Policy J. 3*, 80–100.
11. Australian Centre for Posttraumatic Mental Health. (2012). Fact sheet: Trauma and children. http://www.acpmh.unimelb.edu.au/resources/resources-community.html#fact_sheets. Accessed October 30, 2012.
12. US Department of Health & Human Services Administration for Children & Families. (2013). Glossary of terms: 'program approaches'. https://www.childwelfare.gov/supporting/preservation/approaches.cfm. Accessed 20 January, 2013.
13. Australian Institute of Family Studies. (2013). Characteristics of carers in Victoria. http://www.aifs.gov.au/institute/pubs/fm1/fm34hs.html. Accessed 20 January, 2013.
14. Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. (2012). FAHCSIA home page. http://www.fahcsia.gov.au/ Accessed October 30, 2012.
15. Department of Education and Early Childhood Development. (2013). What is out-of-home care? http://www.education.vic.gov.au/school/teachers/health/pages/whatoohc.aspx. Accessed 21 January, 2013.

16. Children's Bureau (US Department of Health and Human Services) CWIG, FRIENDS National Resource Center for Community-Based Child Abuse Prevention, Center for the Study of Social Policy–Strengthening Families. (2011). *Strengthening families and communities: 2011 resource guide.* Washington, DC: Administration on Children, Youth and Families.

17. US Department of Health & Human Services Administration for Children & Families. (2013). Glossary of terms: 'practice model'. https://www.childwelfare.gov/admin/glossary/glossaryp.cfm. Accessed 20 January, 2013.

18. US Department of Health & Human Services Administration for Children & Families. (2013). Glossary of terms: 'family-centred services'. https://www.childwelfare.gov/famcentered/services/. Accessed 20 January, 2013.

19. Youth and Family Training Institute. (2013). Glossary: High fidelity wraparound and other related terms. http://antrios.wpic.pitt.edu/pages/glossary. Accessed 20 January, 2013.

20. Australian Government Department of Health and Ageing. (2012). National practice standards for the mental health workforce: Glossary terms. http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-workstds-toc~mental-pubs-n-workstds-att~mental-pubs-n-workstds-att-glo. Accessed 30 September, 2012.

21. Children's Bureau (HHS), Child Welfare Information Gateway, FRIENDS National Resource Center for Community-Based Child Abuse Prevention, Center for the Study of Social Policy–Strengthening Families. (2011). Strengthening families and communities: 2011 resource guide. https://www.childwelfare.gov/pubs/guide2011/guide.pdf#page=17. Accessed December 2012.

22. Shaping outcomes. (2013). Glossary of terms: 'outcome'. http://www.shapingoutcomes.org/course/glossary/index.htm#outcome. Accessed 20 January, 2013.

23. The Cohrane Collaboration. (2013). Glossary of terms in the Cochrane Collaboration: version 4.2.5. Updated May 2005. http://www.cochrane.org/sites/default/files/uploads/glossary.pdf. Accessed 15 January, 2013.

24. Puccia, E., Redding, T., Brown, R., et al. Using community outreach and evidenced-based treatment to address domestic violence issues. (2012). *Social Work in Mental Health. 10*(2), 104–126.

25. Grasso, D., Joselow, B., Marquez, Y., & Webb, C. (2011). Trauma-focused cognitive behavioral therapy of a child with posttraumatic stress disorder. *Psychotherapy: Theory, Research, Practice, Training. 48*(2), 188–197.

26. Cohen, J., Deblinger, E., Mannarino, A., & Steer, R. (2004). A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *J Am Acad Child Adolesc Psychiatry. 4*, 393–402.

27. Deblinger, E., Mannarino, A. P., Cohen, J. A., & Steer, R. A. (2006). A follow-up study of a multisite, randomized, controlled trial for children with sexual abuse-related PTSD symptoms. *J Am Acad Child Adolesc Psychiatry. 12*, 1474–1484.

28. Cohen, J. A., Mannarino, A. P., & Knudsen, K.. (2005). Treating sexually abused children: 1-year follow-up of a randomized controlled trial. *Child Abuse & Negl. 2*, 135–145.

29. Deblinger, E., Mannarino, A., Cohen, J., Runyon, M., & Steer, R. (2011). Trauma-focused cognitive behavioral therapy for children: Impact of the trauma narrative and treatment length. *Depress Anxiety. 1*, 67–75.

30. Cohen, J., Mannarino, A. P., & Lyengar, S. (2011). Community treatment of posttraumatic stress disorder for children exposed to intimate partner violence: A randomized controlled trial. *Arch Pediatr Adoles Med. 165*(1), 16–21.

31. Weiner, D. A., Schneider, A., & Lyons, J. S. (2009). Evidence-based treatments for trauma among culturally diverse foster care youth: Treatment retention and outcomes. *Child Youth Serv Rev. 31*, 1199–1205.

32. Ippen, C. G., Harris, W. W., Van Horn, P. J., Lieberman, A. F. (2011). Traumatic and stressful events in early childhood: Can treatment help those at highest risk? *Child Abuse Negl. 35*(7), 504–513.

33. Lieberman, A., Van Horn, P., Ippen, C. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *J Am Acad Child Adolesc Psychiatry. 44*(12), 1241–1248.

34. Cicchetti, D., Rogosch, F., & Toth, S. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. *Dev Psychopathol. 18*(3), 623–649.

35. Toth, S. L., Maughan, A., Manly, J. T., Spagnola, M., & Cicchetti, D. (2002). The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory. *Dev Psychopathol. 4*, 877–908.

36. Lieberman, A. F., Ippen, C. G., Van Horn, P. J. (2006). Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial. *J Am Acad Child Adolesc Psychiatry. 45*(8), 913–918.

37. DePanfilis, D., Dubowitz, H. (2005). Family Connections: A program for preventing child neglect. *Child Maltreat. 2*, 108–123.

38. Taussig, H. N., & Culhane, S. E. (2010). Impact of a mentoring and skills group program on mental health outcomes for maltreated children in foster care. *Arch Pediatr Adolesc Med., 8*, 739–746.

39. Crooks, C. V., Scott, K., Ellis, W., & Wolfe, D. A. (2011). Impact of a universal school-based violence prevention program on violent delinquency: Distinctive benefits for youth with maltreatment histories. *Child Abuse & Negl., 35*, 393–400.

40. Eckenrode, J., Ganzel, B., & Henderson, C. R., et al. (2000). Preventing child abuse and neglect with a program of nurse home visitation: The limiting effects of domestic violence. *JAMA, 11*, 1385–1391.

41. Swenson, C. C., Schaeffer, C. M., Henggeler, S. W., Faldowski, R., & Mayhew, A. M. (2010). Multisystemic therapy for child abuse and neglect: A randomized effectiveness trial. *J Fam Psychol., 4*, 497–507.

42. Dawe, S., & Harnett, P. (2007). Reducing potential for child abuse among methadone-maintained parents: Results from a randomized controlled trial. *J Sub Abuse Treat., 4*, 381–390.

43. Jouriles, E. N., McDonald, R., & Rosenfield, D., et al. (2010). Improving parenting in families referred for child maltreatment: A randomized controlled trial examining effects of Project Support. *J Fam Psychol., 3*, 328–338.

44. Ippen, C. G., Harris, W. W., Van Horn, P. J., Lieberman, A. F. (2011). Traumatic and stressful events in early childhood: Can treatment help those at highest risk? *Child Abuse and Negl.*, *35*(7), 504–513.

45. Bernard, K., Dozier, M., Bick, J., Lewis-Morrarty, E., Lindhiem, O., Carlson, E. (2012). Enhancing attachment organization among maltreated children: Results of a randomized clinical trial. *Child Dev., 83*(2), 623–636.

46. Sprang, G. (2009). The efficacy of a relational treatment for maltreated children and their families. *Child & Adolescent Mental Health, 14*(2), 81–88.

47. LeSure-Lester, G. E. (2002). An application of cognitive-behavior principles in the reduction of aggression among abused African-American adolescents. *J Interpers Violence, 17*(4), 394–402.

48. Arnold, E. M., Kirk, R. S., Roberts, A. C., Griffith, D. P., Meadows, K., & Julian, J. (2003). Treatment of incarcerated, sexually-abused adolescent females: An outcome study. *J Child Sexual Abuse, 12*(1), 123–139.

49. Morsette, A., van den Pol, R., Schuldberg, D., Swaney, G., & Stolle, D. (2012). Cognitive behavioral treatment for trauma symptoms in American Indian youth: Preliminary findings and issues in evidence-based practice and reservation culture. *Advances in School Mental Health Promotion, 5*(1), 51–62.

50. Stein, B. D., Kataoka, S., Jaycox, L. H., et al. (2002). Theoretical basis and program design of a school-based mental health intervention for traumatized immigrant children: A collaborative research partnership. *J Behav Health Serv Res., 29*(3), 318–326.

51. Goodkind, J. R., LaNoue, M. D., & Milford, J. (2010). Adaptation and implementation of cognitive behavioral intervention for trauma in schools with American Indian youth. *J Clin Child Adolesc., 39*(6), 858–872.

52. Kataoka, S. H., Stein, B. D., Jaycox, L. H., et al. (2003). A school-based mental health program for traumatized Latino immigrant children. *J Am Acad Child Adolesc Psychiatry, 3*, 311–318.

53. King, N. J., Tonge, B. J., Mullen, P., et al. (2000). Treating sexually abused children with posttraumatic stress symptoms: A randomized clinical trial. *J Am Acad Child Psy., 11*, 1347–1355.

54. Runyon, M. K., Deblinger, E., & Schroeder, C. M. (2009). Pilot evaluation of outcomes of combined parent-child cognitive-behavioral group therapy for families at risk for child physical abuse. *Cogn Behav Pract. 16*(1), 101–118.

55. Runyon, M. K., Deblinger, E., & Steer, R. A. (2010). Group cognitive behavioral treatment for parents and children at-risk for physical abuse: An initial study. *Child Fam Behav Ther., 32*(3), 196–218.

56. Jaberghaderi, N., Greenwald, R., Rubin, A., Zand, S. O., & Dolatabadi, S. (2004). A comparison of CBT and EMDR for sexually-abused Iranian girls. *Clin Psychol Psychot., 11*(5), 358–368.

57. Soberman, G. B., Greenwald, R., & Rule, D. L. (2002). A controlled study of eye movement desensitization and reprocessing (EMDR) for boys with conduct problems. *J Aggression Maltreat Trauma*, *6*(1), 217–236.

58. Ahmad, A., Larsson, B., & Sundelin-Wahlsten, V. (2007). EMDR treatment for children with PTSD: Results of a randomized controlled trial. *Nord J Psychiat., 61*(5), 349–354.

59. Ahmad, A., & Sundelin-Wahlsten, V. (2008). Applying EMDR on children with PTSD. *Eur Child Adoles Psychiatry, 17*(3), 127–132.

60. Thomas, R., & Zimmer-Gembeck, M. J. (2011). Accumulating evidence for parent-child interaction therapy in the prevention of child maltreatment. *Child Dev., 1*, 177–192.

61. Galanter, R., Self-Brown, A., Valente, J. R., et al. (2012). Effectiveness of parent–child interaction therapy delivered to at-risk families in the home setting. *Child Fam Behav Ther., 34*(3), 177–196.

62. Pearl, E. S. (2008). Parent-child interaction therapy with an immigrant family exposed to domestic violence. *Clin Case Stud., 7*(1), 25–41.

63. Pearl, E., Thieken, L., Olafson, E., et al. (2012). Effectiveness of community dissemination of parent-child interaction therapy. *Psychol Trauma., 4*(2), 204–213.

64. Hakman, M., Chaffin, M., Funderburk, B., & Silovsky, J. F. (2009). Change trajectories for parent-child interaction sequences during parent-child interaction therapy for child physical abuse. *Child Abuse & Negl., 33*(7), 461–470.

65. Chaffin, M., Silovsky, J. F., & Funderburk, B., et al. (2004). Parent–child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *J Consult Clin Psychol., 72*(3), 500–510.

66. McNeil, C. B., Herschell, A. D., Gurwitch, R. H., & Clemens-Mowrer, L. (2005). Training foster parents in Parent-Child Interaction Therapy. *Education and Treatment of Children*, *28*(2), 182–196.

67. Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial. *Dev Psychopathol., 1*, 195–210.

68. Najavits, L. M., Gallop, R. J., & Weiss, R. D. (2006). Seeking safety therapy for adolescent girls with PTSD and substance use disorder: A randomized controlled trial. *J Behav Health Serv Res., 33*(4), 453–463.

69. Oveisi, S., Ardabili, H. E., Dadds, M. R., et al. (2010). Primary prevention of parent-child conflict and abuse in Iranian mothers: A randomized-controlled trial. *Child Abuse Negl., 3*, 206–213.

70. Jaycox, L. H., Langley, A. K., Stein, B. D., et al. (2009). Support for students exposed to trauma: A pilot study. *School Mental Health, 1*(2), 49–60.

71. Ford, J. D., Steinberg, K. L., Hawke, J., Levine, J., & Zhang W. (2012). Randomized trial comparison of emotion regulation and relational psychotherapies for PTSD with girls involved in delinquency. *J Clin Child Adolesc Psychol., 41*(1), 27–37.

72. Ford, J. D., & Hawke, J. (2012). Trauma affect regulation psychoeducation group and milieu intervention outcomes in juvenile detention facilities. *J Aggression Maltreat Trauma, 21*(4), 365–384.

73. Arvidson, J., Kinniburgh, K. J., Howard, K., et al. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *J Child Adolesc Trauma, 4*(1), 34–51.

74. Lyshak-Stelzer, F., Singer, P., St. John, P., & Chemtob, C. M. (2007). Art therapy for adolescents with posttraumatic stress disorder symptoms: A pilot study. *Art Ther., 24*(4), 163–169.

75. Raider, M. C., Steele, W., Delillo-Storey, M., & Jacobs, J. K. (2008). Structured sensory therapy (SITCAP-ART) for traumatized-adjudicated adolescents in residential treatment. *Res Treat Child Youth, 2*, 167–185.

76. Sanders, M., Pidgeon, A. M., Gravestock, F., Connors, M. D., Brown, S., Young, R. W. (2004). Does parental attributional retraining and anger management enhance the effects of the Triple P-Positive Parenting Program with parents at risk of child maltreatment? *Behav Ther., 2004*, 513–535.

77. Walton, E. (2001). Combining abuse and neglect investigations with intensive family preservation services: An innovative approach to protecting children. *Res Soc Work Pract., 11*(6), 627–644.

78. Cullen, J. P., Ownbey, J. B., Ownbey, M. A. (2010). The effects of the Healthy Families America home visitation program on parenting attitudes and practices and child social and emotional competence. *Child Adolesc Social Work J., 27*, 335–354.

79. Gessner, B. D. (2008). The effect of Alaska's home visitation program for high-risk families on trends in abuse and neglect. *Child Abuse Negl. 32*, 317–333.

80. Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., Rohde, C., Crowne, S. S. (2007). Impact of a statewide home visiting program to prevent child abuse. *Child Abuse Negl.*, *8*, 801–827.

81. LeCroy, C. W., & Krysik, J. (2011). Randomized trial of the healthy families Arizona home visiting program. *Child Youth Serv Rev., 33*, 1761–1766.

82. Duggan, A., McFarlane, E., Fuddy, L., et al. (2004). Randomized trial of a statewide home visiting program: Impact in preventing child abuse and neglect. *Child Abuse Negl., 28*, 597–622.

83. Rodriguez, M. L., Dumont, K., Mitchell-Herzfeld, S. D., Walden, N. J., & Greene, R. (2010). Effects of Healthy Families New York on the promotion of maternal parenting competencies and the prevention of harsh parenting. *Child Abuse Negl., 34*, 711–723.

84. DuMont, K., Mitchell-Herzfeld, S., Greene, R., et al. (2008). Healthy Families New York (HFNY) randomized trial: Effects on early child abuse and neglect. *Child Abuse Negl., 3*, 295–315.

85. Farkas, L., Cyr, M., Lebeau, T. M., & Lemay, J. (2010). Effectiveness of MASTR/EMDR therapy for traumatized adolescents. *J Child Adolesc Trauma. 3*(2), 125–142.

86. Rivard, J. C., Bloom, S. L., McCorkle, D., & Abramovitz, R. (2005). Preliminary results of a study examining the implementation and effects of a trauma recovery framework for youths in residential treatment. *Therapeutic Communities*, *26*(1), 79–92.

87. Hamama, L., Hamama-Raz, Y., Dagan, K., Greenfeld, H., Rubinstein, C., & Ben-Ezra, M. (2011). A preliminary study of group intervention along with basic canine training among traumatized teenagers: A 3-month longitudinal study. *Child Youth Serv Rev., 33*(10), 1975–1980.

88. Bagley, C., & LaChance, M. (2000). Evaluation of a family-based programme for the treatment of child sexual abuse. *Child & Family Social Work, 5*(3), 205–213.

89. Pretorius, G., & Pfeifer, N. (2010). Group art therapy with sexually abused girls. *S Afr J Psychol., 40*(1), 63–73.

90. Hebert, M., & Tourigny, M. (2010). Effects of a psychoeducational group intervention for children victims of sexual abuse. *Journal of Child & Adolescent Trauma, 3*, 143–160.

91. Tourigny, M., Hébert, M., Daigneault, I., & Simoneau, A. C. (2005). Efficacy of a group therapy for sexually abused adolescent girls. *J Child Sexual Abuse, 14*(4), 71–93.

92. Tourigny, M., & Hébert, M. (2007). Comparison of open versus closed group interventions for sexually abused adolescent girls. *Violence Vict., 22*(3), 334–349.

93. Krakow, B., Sandoval, D., Schrader, R., et al. (2001). Treatment of chronic nightmares in adjudicated adolescent girls in a residential facility. *J Adolescent Health, 29*(2), 94–100.

94. Funk, R. R., McDermeit, M., Godley, S. H., Adams, L. (2003). Maltreatment issues by level of adolescent substance abuse treatment: The extent of the problem at intake and relationship to early outcomes. *Child Maltreatment*, *8*(1), 36–45.

95. Gershater-Molko, R. M., Lutzker, J. R., & Wesch, D. (2002). Using recidivism data to evaluate project safecare: Teaching bonding, safety, and health care skills to parents. *Child Maltreatment*, *7*(3), 277–285.

96. Gershater-Molko, R. M., Lutzker, J. R., & Wesch, D. (2003). Project SafeCare: Improving health, safety, and parenting skills in families reported for, and at-risk for child maltreatment. *Journal of Family Violence, 18*(6), 377–386.

97. Damashek, A., Bard, D., & Hecht, D. (2012). Provider cultural competency, client satisfaction, and engagement in home-based programs to treat child abuse and neglect. *Child Maltreatment*, *17*(1), 56–66.

98. Goldshtrom, Y., Korman, D., Goldshtrom, I., & Bendavid, J. (2011). The effect of rhythmic exercises on cognition and behaviour of maltreated children: A pilot study. *J Bodyw Mov Ther.*, *15*(3), 326–334.

99. Hilferty, F., Mullan, K., van Gool, K., et al. (2010). *The evaluation of Brighter Futures, NSW Community Services early intervention program – Final report*. University of New South Wales.

100. Reynolds, A. J., & Robertson, D. L. (2003). School-based early intervention and later child maltreatment in the Chicago Longitudinal Study. *Child Dev. 74*(1), 3–26.

101. Mersky, J. P., Topitzes, J. D., Reynolds, A. J. (2011). Maltreatment prevention through early childhood intervention: A confirmatory evaluation of the Chicago Child–Parent Center preschool program. *Child Youth Serv Rev., 33*, 1454–1463.

102. Kelleher, L., & Johnson, M. (2004). An evaluation of a volunteer-support program for families at risk. *Public Health Nursing, 21*(4), 297–305.

103. Loman, A. L., & Siegel, G. L. (2005). Alternative response in Minnesota: Findings of the program evaluation. *Protecting Children*, *20*(2–3), 78–92.

104. Harder, J. (2005). Prevention of child abuse and neglect: An evaluation of a home visitation parent aide program using recidivism data. *Res Soc Work Pract., 15*(4), 246–256.

105. Holland, P., Gorey, K. M., & Lindsay, A. (2004). Prevention of mental health and behavior problems among sexually abused Aboriginal children in care. *Child Adoles. Social Work J., 21*(2), 109–115.

106. Chaffin, M., Bonner, B. L., Hill, R. F. (2001). Family preservation and family support programs: Child maltreatment outcomes across client risk levels and program types. *Child Abuse & Negl.*, *25*(10), 1269–1289.

107. Sullivan, M., Faircloth, D., McNair, J., et al. (2011). *Evaluation of the therapeutic residential care pilot programs.* Department of Human Services (Victoria, Australia).

108. Waxman, H. C., Houston, W. R., Profilet, S. M., Sanchez, B. (2009). The long-term effects of the Houston Child Advocates, Inc., program on children and family outcomes. *Child Welfare*, *88*(6), 25–48.

109. Saxe, G. N., Ellis, B. H., Fogler. J. M., Hansen. S., & Sorkin, B. (2005). Comprehensive care for traumatized children: An open trial examines treatment using trauma systems therapy. *Psychiatric Annals*, *35*(5), 443–448.

110. Saxe, G. N., Ellis, B. H., Fogler, J. M., & Navalta, C. P. (2012). Innovations in practice: Preliminary evidence for effective family engagement in treatment for child traumatic stress – Trauma systems therapy approach to preventing dropout. *Child Adol Ment H., 17*(1), 58–61.

111. Noether, C. D., Brown, V., Finkelstein, N., et al. (2007). Promoting resiliency in children of mothers with co-occurring disorders and histories of trauma: Impact of a skills-based intervention program on child outcomes. *J Community Psychol., 35*(7), 823–843.

112. Clausen, J. M., Ruff, S. C., Von Wiederhold, W., Heineman, T. V. (2012). For as long as it takes: Relationship-based play therapy for children in foster care. *Psychoanalytic Social Work*, *19*(1–2), 43–53.

113. Kolko, D., Iselin, A., & Gully, K. (2011). Evaluation of the sustainability and clinical outcome of Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) in a child protection center. *Child Abuse & Negl., 35*(2), 105–116.

114. Falconer, M. K., Haskett, M.E., McDaniels, L., Dirkes, T., & Siegel, E. C. (2008). Evaluation of support groups for child abuse prevention: Outcomes of four state evaluations. *Soc Work Groups*, *31*(2), 165–182.

115. Hoffman, K. T., Marvin, R. S., Cooper, G., & Powell, B. (2006). Changing toddlers' and preschoolers' attachment classifications: The circle of security intervention. *J Consult Clin Psychol., 74*(6), 1017–1026.

116. Pifalo, T. (2002). Pulling out the thorns: Art therapy with sexually abused children and adolescents. *Art Ther., 19*(1), 12–22.

117. Pifalo, T. (2006). Art therapy with sexually abused children and adolescents: Extended research study. *Art Ther., 23*(4), 181–185.

118. Mundorf, E. S., & Paivio, S. C. (2011). Narrative quality and disturbance pre- and post-emotion-focused therapy for child abuse trauma. *J Trauma Stress, 24*(6):643–650.

119. Schultz, P. N., Remick-Barlow, G. A., & Robbins, L. (2007). Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence. *Health Soc Care Comm.*, *15*(3), 265–271.

120. Struwig, E., & van Breda, A. D. (2012). An exploratory study on the use of eye movement integration therapy in overcoming childhood trauma. *Fam Soc., 93*(1), 29–37.

121. Misurell, J. R., Springer. C., & Tryon, W. W. (2011). Game-based cognitive-behavioral therapy (GB-CBT) group program for children who have experienced sexual abuse: A preliminary investigation. *J Child Sexual Abuse*, *20*(1), 14–36.

122. de Paúl, J., & Arruabarrena, I. (2003). Evaluation of a treatment program for abusive and high-risk families in Spain. *Child Welfare*, *82*(4), 413–442.

123. Salloum, A., & Overstreet, S. (2012). Grief and trauma intervention for children after disaster: Exploring coping skills versus trauma narration. *Behav Res Ther., 50*(3), 169–179.

124. Pomeroy, E. C., Green, D. L., & Kiam, R. (2001). Female juvenile offenders incarcerated as adults: A psychoeducational group intervention. *Journal of Social Work*, *1*(1), 101–115.

125. MacMillan, K. M., & Harpur, L. L. (2003). An examination of children exposed to marital violence accessing a treatment intervention. *Journal of Emotional Abuse, 3*(3–4), 227–252.

126. Rosenberg, H. J., Jankowski, M. K., Fortuna, L. R., Rosenberg, S. D., Mueser, K. T. (2011). A pilot study of a cognitive restructuring program for treating posttraumatic disorders in adolescents. *Psychological Trauma: Theory, Research, Practice, and Policy, 3*(1), 94–99.

127. Dombrowski, S. C., Timmer, S. G., Blacker, D. M., & Urquiza, A. J. (2005). A positive behavioural intervention for toddlers: Parent-child attunement therapy. *Child Abuse Rev., 14*(2), 132–151.

128. Dias, M. S., Smith, K., DeGuehery, K., Mazur, P., Li, V., & Shaffer, M. L. (2005). Preventing abusive head trauma among infants and young children: A hospital-based, parent education program. *Pediatrics*, *4*, e470–477.

129. Salloum, A., & Storch, E. A. (2011). Parent-led, therapist-assisted, first-line treatment for young children after trauma: A case study. *Child Maltreat., 16*(3), 227–232.

130. Reyes, C. J., & Asbrand, J. P. (2005). A longitudinal study assessing trauma symptoms in sexually abused children engaged in play therapy. *International Journal of Play Therapy, 14*(2), 25–47.

131. Manso, J. M. M., Sanchez, M. E. G. B., Alonso, M. B., Romero, J. M. P. (2012). Pragmatic-communicative intervention strategies for victims of child abuse. *Child Youth Serv Rev., 34*(9), 1729–1734.

132. Huang-Storms, L., Bodenhamer-Davis, E., Davis, R., & Dunn, J. (2006). QEEG-guided neurofeedback for children with histories of abuse and neglect: Neurodevelopmental rationale and pilot study. *J Neurother., 10*(4), 3–16.

133. Kagan, R., Douglas, A. N., Hornik, J., & Kratz, S. L. (2008). Real Life Heroes pilot study: Evaluation of a treatment model for children with traumatic stress. *Journal of Child and Adolescent Trauma*, *1*(1), 5–22.

134. Kiser, L. J., Donohue, A., Hodgkinson, S., Medoff, D., & Black, M. M. (2010). Strengthening family coping resources: The feasibility of a multifamily group intervention for families exposed to trauma. *J Trauma Stress, 23*(6), 802–806.

135. Nilsson, D., & Wadsby, M. (2010). Symboldrama, a psychotherapeutic method for adolescents with dissociative and PTSD symptoms: A pilot study. *J Trauma Dissociation, 11*(3), 308–321.

136. Purvis, K. B., & Cross, D. R. (2007). Improvements in salivary cortisol, depression, and representations of family relationships in at-risk adopted children utilizing a short-term therapeutic intervention. *Adoption Quarterly, 10*(1), 25–43.

137. Sullivan, M., Egan, M., & Gooch, M. (2004). Conjoint interventions for adult victims and children of domestic violence: A program evaluation. *Res Soc Work Pract., 14*(3), 163–170.

138. Carter, J. (2011). Analysing the impact of living in a large-group therapeutic community as a young person—Views of current and ex-residents. A pilot study. *Journal of Social Work Practice, 25*(2), 149–163.

139. Cowen, P. S. (2001). Crisis child care: Implications for family interventions. *J of the American Psychiatric Nurses Association, 7*(6), 196–204.

140. Donovan, C., Griffiths, S., & Groves N. *Evaluation of early intervention models for change in domestic violence: Northern Rock Foundation Domestic Abuse Intervention Project, 2004–2009*.

141. Forbes, F., Duffy, J. C., Mok, J., & Lemvig, J. (2003). Early intervention service for non-abusing parents of victims of child sexual abuse: Pilot study. *Br J Psychiatry*, *183*, 66–72.

142. Hansel, T. C., Osofsky, H. J., Osofsky, J. D., Costa, R. N., Kronenberg, M. E., & Selby, M. L. (2010). Attention to process and clinical outcomes of implementing a rural school-based trauma treatment program. *Journal of Traumatic Stress*, *23*(6), 708–715.

143. Jackson, A., Frederico, M., Tanti, C., Black, C. (2009). Exploring outcomes in a therapeutic service response to the emotional and mental health needs of children who have experienced abuse and neglect in Victoria, Australia. *Child & Family Social Work*, *14*(2), 198–212.

144. Barker, R., & Place, M. (2005). Working in collaboration – A therapeutic intervention for abused children. *Child Abuse Rev.*, *14*(1), 26–39.

145. Greenwald, R., Siradas, L., Schmitt, T. A., Reslan, S., Fierle, J., & Sande, B. (2012). Implementing trauma-informed treatment for youth in a residential facility: First-year outcomes. *Residential Treatment For Children & Youth, 29*(2), 141–153.

146. Becker, J., Greenwald, R., & Mitchell, C. (2011). Trauma-informed treatment for disenfranchised urban children and youth: An open trial. *Child & Adolescent Social Work Journal*, *28*(4), 257–272.

147. Barfield, S., Dobson, C., Gaskill, R., Perry, B. D. (2012). Neurosequential model of therapeutics in a therapeutic peschool: Implications for work with children with

complex neuropsychiatric problems. *International Journal of Play Therapy*, *21*(1), 30–44.

148. Offermann, B. J., Johnson, E., Johnson-Brooks, S., & Belcher, H. M. E. (2008). Get SMART: Effective treatment for sexually abused children with problematic sexual behavior. *J Child Adolesc Trauma, 1*(3), 179–191.

149. Crusto, C. A., Lowell D. I., Paulicin, B., et al. (2008). Evaluation of a wraparound process for children exposed to family violence. *Best Practices in Mental Health*, *4*(1), 1–18.

150. Chapman, L., Morabito, D., Ladakakos, C., Schreier, H., & Knudson, M. M. (2001). The effectiveness of art therapy interventions in reducing post traumatic stress disorder (PTSD) symptoms in pediatric trauma patients. *Art Ther., 18*(2), 100–104.

151. Coulter, S. J. (2000). Effect of song writing versus recreational music on posttraumatic stress disorder (PTSD) symptoms and abuse attribution in abused children. *Journal of Poetry Therapy, 13*(4), 189–208.

152. Fraser, E., & Pakenham, K. I. (2008). Evaluation of a resilience-based intervention for children of parents with mental illness. *Aust NZ J Psychiat., 12*, 1041–1050.

153. Suchman, N. E., DeCoste, C., Castiglioni, N., McMahon, T. J., Rounsaville, B., & Mayes, L. (2010). The Mothers and Toddlers Program, an attachment-based parenting intervention for substance using women: Post-treatment results from a randomized clinical pilot. *Attach Hum Dev., 5*, 483–504.

154. Basu, A., Malone, J. C., Levendosky, A. A., & Dubay, S. (2009). Longitudinal treatment effectiveness outcomes of a group intervention for women and children exposed to domestic violence. *J Child Adolesc Trauma, 2*(2), 90–105.

155. Sawasdipanich, N., Srisuphan, W., Yenbut, J., Tiansawad, S., & Humphreys, J. (2010). Effects of a cognitive adjustment program for Thai parents. *Nurs Health Sci.*, *12*(3), 306–313.

156. Conley, A., & Duerr Berrick, J. (2010). Community-based child abuse prevention: Outcomes associated with a differential response program in California. *Child Maltreat., 15*(4), 282–292.

157. Hernandez, A., Ruble, C., Rockmore, L., et al. (2009). An integrated approach to teaching non-offending parents affected by sexual abuse. *Social Work in Mental Health. 7*(6), 533–555.

158. Duggan, A., Fuddy, L., Burrell, L., et al. (2004). Randomized trial of a statewide home visiting program to prevent child abuse: Impact in reducing parental risk factors. *Child Abuse & Negl., 6*, 623–643.

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