Parenting Research Centre
raising children well

EVIDENCE SUMMARY

Interventions for children exposed to trauma

KEY FINDINGS

- There is a limited evidence base for approaches that help children exposed to trauma arising from abuse and neglect.
- The approach with the strongest supporting evidence was Trauma-Focused Cognitive Behavioural Therapy. Eight other approaches were also supported by research evidence.
- Within the Australian child welfare and family support sectors, there is low uptake of approaches that have been demonstrated as safe and effective through research.
- Cost, staffing, and client and service characteristics influence decisions to adopt an approach.
- Child and family organisations often modify evidence-based approaches. These modified approaches are rarely evaluated.

Which interventions for helping children exposed to trauma are supported by evidence, who is using them, and why (or why not)?

This evidence summary draws on a report prepared in 2013 by the Australian Centre for Posttraumatic Mental Health and the Parenting Research Centre on behalf of the Australian Government Department of Social Services (formerly the Department of Families, Housing, Community Services and Indigenous Affairs). The report consists of a rapid evidence assessment, an online survey of practitioners, and in-depth interviews with organisational leaders and senior managers.

CONTEXT

Many children who are supported by child and family organisations have been exposed to trauma, such as abuse and neglect. Child trauma caused by a primary caregiver, such as a parent, that is prolonged and difficult to escape from can have complex and lasting effects. Children exposed to this type of trauma can have difficulty regulating their emotions, show self-destructive behaviours such as substance abuse, have difficulty trusting people, and have feelings of hopelessness. Their physical, social and emotional development may also be delayed.

Within child and family organisations, various approaches are used to help children exposed to trauma. Trauma-informed approaches acknowledge the long-term impacts of trauma and create a safe space for survivors, while avoiding further trauma exposure. Trauma-specific approaches directly address the impact of the trauma by reducing the symptoms associated with it (such as post-traumatic stress disorder). Approaches that are neither trauma-informed nor trauma-specific do not demonstrate a recognition of the trauma or have a specific focus on trauma, although they may help children who have been traumatised.

For this project, the researchers investigated whether the approaches that are being used by child and family organisations have been shown to work. The researchers also wanted to know the reasons service managers and organisational leaders chose (or did not choose) approaches based on evidence, and what could be done to increase the use of approaches with better evidence.

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FINDINGS

Evidence-based approaches according to the rapid evidence assessment

The researchers found 96 evaluated approaches that aimed to prevent or treat the effects of trauma in children. Of these, 54 were trauma informed, trauma specific or both. The remaining 42 approaches were neither trauma informed nor trauma specific. Only nine were evaluated in Australia; only two included Aboriginal and Torres Strait Islander children.

None of the approaches were found to have no effect or to cause harm.

The approach with the strongest evidence was Trauma-Focused Cognitive Behavioural Therapy. This trauma-informed, trauma-specific program was supported by at least two randomised controlled trials — the most rigorous evaluation methodology. It targeted trauma from childhood sexual abuse, childhood abuse and family violence. The benefits, for example on child post-traumatic stress disorder, were still evident a year after the program ended. All evidence for this program came from the USA.

Eight other approaches were also supported by research evidence, although these had fewer randomised controlled trials to support them, and a shorter time frame for measuring benefits. Only one of these, Parents under Pressure, was evaluated in Australia. It was neither trauma specific nor trauma informed. Two of the eight approaches were trauma informed: Multisystemic Therapy and Child-Parent Psychotherapy.

Well-supported and supported approaches
Well-supported approach
Trauma-Focused Cognitive Behavioural Therapy
Supported approaches
Child-Parent Psychotherapy
Family Connections
Fostering Healthy Futures
Fourth R
Multisystemic Therapy
Nurse Home Visiting
Parents under Pressure
Project Support

The remaining 87 approaches were not as well supported by the evidence. Although some evaluations reported positive outcomes, there was a lower level of certainty about these findings. Additional evidence is required to determine the effectiveness of these approaches.

Awareness and use of evidence-based approaches

The majority of the 293 practitioners surveyed frequently worked with children and families exposed to high levels of trauma. Ninety percent reported that assessment of trauma and its impact was at least a moderate priority in their everyday work.

The senior managers and organisational leaders felt that the sector had been exposed to a lot of information on the causes and effects of trauma in children, but that the field was unclear about what evidence-based approaches to treating and preventing trauma existed. Supporting this, most practitioners reported confidence in recognising the signs and symptoms of trauma in children, but only half were aware of evidence-based approaches to treat or prevent it. Only about a third were able to name approaches they considered to be evidence-based. The majority (66%) had not heard of trauma-informed care.

According to the manager group, the upper levels of management generally decided which approaches to adopt. When practitioners were asked what strategies and techniques they used to assist children who experience trauma, the main practice, identified by 57% of participants, was to refer out or to link with other services. Only 107 had applied a specific approach in the past year to treat or prevent poor outcomes in children exposed to trauma.

Specific treatment or prevention approaches may be underused because, as discussed in the manager consultations, many agencies delivered primarily case management, rather than clinic-based therapeutic services. Some practitioners, for example, case managers or out-of-home care providers, are not involved in therapy.

Only around 10% of the specific approaches used by practitioners in the past year could be matched to approaches that had been evaluated with trauma-exposed populations. Less than 3% — two in total — of these approaches were supported by evidence, as defined by our review. These two evidence-based approaches were being used by only five participants.

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Drivers and barriers to the adoption of evidence-based approaches

Senior managers and organisational leaders do not always choose programs solely based on their evidence. They may choose programs because they can be implemented easily within their organisations, or because they suit their client groups better.

The cost of an approach plays a part in this decision — for example, costs to buy a program and train staff. An organisation may adopt an approach because of funding requirements or opportunities for funding. Sometimes an organisation forms partnerships with other agencies or institutions that offer advice and training, and these partnerships may also affect the decision.

Another factor in the choice of approach for the managers was the capabilities of their staff to run it: staff qualifications, experience and training. Training was also important to the practitioners. Prior training was significantly associated with confidence for delivering therapies for trauma.

Many managers spoke of taking a 'research-informed' approach in their work. By this, they meant that they incorporated research (for example, about links between trauma and brain development) into their approaches, rather than adopting approaches that already had an evidence base.

Leaders mentioned the challenges associated with implementing packaged programs, because families can have complex needs and varying levels of engagement with a service. As a result, agencies tended not to adopt complete packages but instead used parts of programs, or adapted existing programs, to meet their service contexts or client needs.

Managers did not rate evaluation as a major element of their agencies' work. The managers rarely analysed data for changes in child or family outcomes as a result of participation in a program or service. They noted that funding was often 'rolled over' without expectation to evaluate the impact of service delivery. Within this sample, a gap existed in the attention given to the evaluation of practices, particularly when existing evidence-based approaches were adapted.

Senior managers and organisational leaders felt there was a general absence of guidelines for the assessment of trauma in children. They recognised that sometimes workers assumed that social, emotional or behavioural difficulties in a child were caused by trauma, even without assessing how much trauma the child had experienced, and whether the difficulties were linked to this trauma. Absent from this scenario are appropriate trauma assessment and case formulation. Yet these are essential to decisions about approaches within a trauma-informed framework,

METHOD

The researchers used a rapid evidence assessment to determine what research had been conducted on the different approaches to prevent or treat the effects on children of prolonged trauma. Causes of trauma were neglect, family violence, parental mental illness, parental substance abuse, or physical, emotional or sexual abuse. Approaches included programs, service models and systems of care. They reviewed international published academic articles, as well as unpublished literature such as government reports and evaluations. They looked at the extent to which these approaches were supported by evidence.

In the practice survey, the researchers surveyed practitioners who worked within child and family organisations across Australia. They used an online survey to gauge the awareness, and extent of uptake, of evidence-based approaches to help children exposed to repeated or prolonged trauma arising from abuse and neglect. A total of 293 practitioners completed the survey.

The researchers conducted in-depth interviews with 10 organisational leaders and senior managers from nine government and non-government organisations across Australia. The researchers asked the participants what they knew about the different approaches available to help traumatised children and how they decided which approaches to use.

IMPLICATIONS FOR POLICY AND PRACTICE

More work is needed to address reasons for the low uptake of approaches that have evidence of being effective. This will help to determine what should now be done to improve the evidence base for the approaches that are in use, and to improve the high-quality implementation of approaches that have demonstrated effectiveness.

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READ THE REPORT

Approaches targeting outcomes for children exposed to trauma arising from abuse and neglect – Evidence, practice and implications.
Report prepared for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs

www.parentingrc.org.au

Australian Centre for Posttraumatic Mental Health and Parenting Research Centre (2014)

When the reasons are better understood, knowledge translation mechanisms aimed at managers and practitioners, and resources such as a child trauma clearinghouses (where approaches are submitted and independently rated across a range of criteria), could assist learning and decision-making.

Cost, staffing and service characteristics factor in the decisions that child and family organisations make about approaches for trauma in children. But another important factor is the financial benefit of choosing an approach that evidence shows to be effective. Funding should be structured to support this choice.

If child and family organisations adapt an evidence-based approach to local circumstances, it is important they evaluate the adapted approach to ensure that it helps the client as much as the original version. Professionals need to be trained and supported to evaluate these adaptations.

The report gives five recommendations for policy and practice:

- **Recommendation 1.** Improve awareness of accepted definitions of trauma and related concepts, and of evidence and related concepts.
- **Recommendation 2.** Increase awareness, adoption and effective implementation of evidence-based approaches shown to improve outcomes associated with trauma exposure resulting from abuse and neglect.
- **Recommendation 3.** Increase use of quality assurance and quality improvement processes within child and family service organisations to allow for ongoing, built-in evaluations of service delivery.
- **Recommendation 4.** Increase independent evaluations of new or emerging approaches that are being implemented within child and family service organisations that target outcomes associated with trauma exposure.
- **Recommendation 5.** Increase the development and evaluation of approaches with and for Aboriginal and Torres Strait Islander children and families.

Disclaimer

This Evidence Summary was written by the Parenting Research Centre (PRC) based on an analysis of approaches to child trauma commissioned by the Australian Government Department of Social Services (formerly the Department of Families, Housing, Community Services and Indigenous Affairs) and prepared by the Australian Centre for Posttraumatic Mental Health and the PRC. The material in the original report is the responsibility of the Australian Centre for Posttraumatic Mental Health and the PRC and does not necessarily reflect the views of the Australian Government. The search was conducted in August 2012 and literature predating 2000 was not considered. Readers are advised to consider new evidence arising post the publication of this review when selecting and implementing parenting interventions.