Australian Centre for Posttraumatic Mental Health

Parenting Research Centre
raising children well

Approaches targeting outcomes for children exposed to trauma arising from abuse and neglect – Evidence, practice, and implications

Associate Professor Meaghan O'Donnell (ACPMH)

Dr Robyn Mildon (PRC)

Funding

- Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).
  - Targeted Community Care (Mental health) Program, Child Aware Approaches Initiative.

Project Team

ACPMH

Ass/Prof Meaghan O’Donnell
Ms Winnie Lau
Mr Nathan Alkemade

PRC

Dr Robyn Mildon
Dr Michelle Macvean
Dr Catherine Wade
Ms Cathy Bent
Mr Ben Devine

Input From

- Robyn Miller (Department of Human Services Victoria)
- Karen Bevan (Uniting Care)
- Elizabeth Jacko (Evolve Therapeutic Services)
- Belinda Thomson (Evolve Therapeutic Services)
- Annette Mutimer (Benevolent Society)
- Greg Antcliff (Benevolent Society)
- Annette Jackson (Berry Street)
- Angela Dileva (FaHCSIA)
- Maria Panopoulos (FaHCSIA)

Project Aims

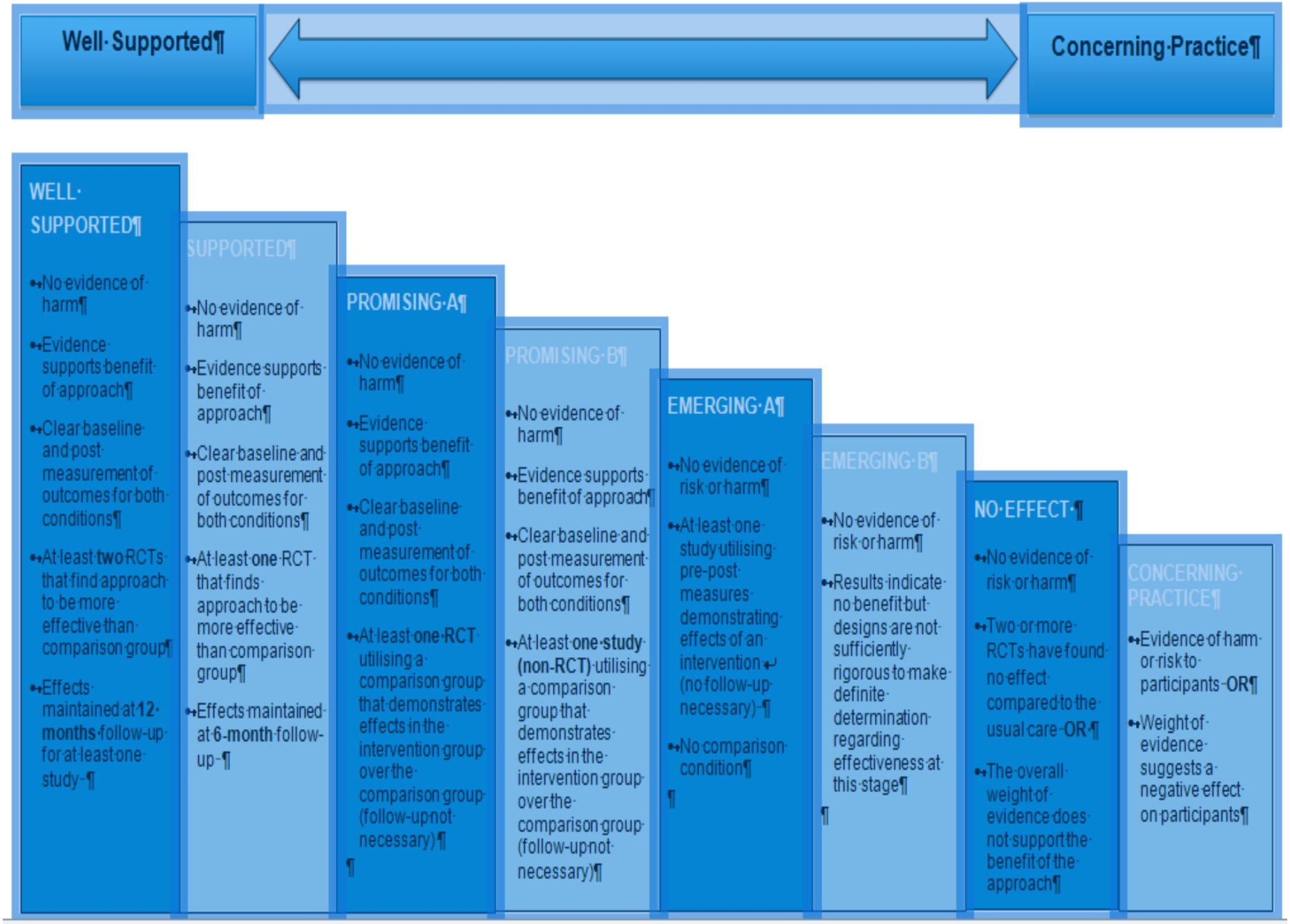
1. Identify and rate the evidence of approaches that target outcomes for children exposed to trauma.
   - Rapid evidence assessment (REA)
2. Identify approaches being used currently by practitioners in the child and family services sector to address the outcomes of trauma exposure.
   - Online practitioner survey
3. Identify factors that influence the uptake of evidence-based approaches.
   - Individual consultations with organisational leaders and senior managers in the child and family services sector

Terms

- Approach - refer to sets of principles, frameworks, models, interventions, therapies, practices, programs, services or systems of care.

Rapid Evidence Assessment

- Peer reviewed and grey literature.
- Evidence for approaches targeting outcomes in children exposed to or at risk of experiencing repeated and/or prolonged trauma through abuse and neglect (i.e., Type II trauma exposure).
- Grouped into:
  - *Programs, service models or systems of care*
  - *Trauma-informed care, trauma-specific /focused, or neither*


Well Supported
Concerning Practice
WELL SUPPORTED
No evidence of harm
Evidence supports benefit of approach
Clear baseline and post measurement of outcomes for both conditions
At least two RCTs that find approach to be more effective than comparison group
Effects maintained at 12 months follow-up for at least one study
SUPPORTED
No evidence of harm
Evidence supports benefit of approach
Clear baseline and post measurement of outcomes for both conditions
At least one RCT that finds approach to be more effective than comparison group
Effects maintained at 6-month follow-up
PROMISING A
No evidence of harm
Evidence supports benefit of approach
Clear baseline and post measurement of outcomes for both conditions
At least one RCT utilising a comparison group that demonstrates effects in the intervention group over the comparison group (follow-up not necessary)
PROMISING B
No evidence of harm
Evidence supports benefit of approach
Clear baseline and post measurement of outcomes for both conditions
At least one study (non-RCT) utilising a comparison group that demonstrates effects in the intervention group over the comparison group (follow-up not necessary)
EMERGING A
No evidence of risk or harm
At least one study utilising pre-post measures demonstrating effects of an intervention (no follow-up necessary)
No comparison condition
EMERGING B
No evidence of risk or harm
Results indicate no benefit but designs are not sufficiently rigorous to make definite determination regarding effectiveness at this stage
NO EFFECT
No evidence of risk or harm
Two or more RCTs have found no effect compared to the usual care OR
The overall weight of evidence does not support the benefit of the approach
CONCERNING PRACTICE
Evidence of harm or risk to participants OR
Weight of evidence suggests a negative effect on participants

Findings

- 96 approaches evidence to support the improvement of outcomes.
- 63 programs, 23 service models, 10 systems of care.
- 54 were rated as trauma-informed care and/or trauma-specific/focused.

Findings

- 1 - Well Supported
- 9 - Supported
- 20 - Promising A
- 19 - Promising B
- 37 - Emerging A
- 10 - Emerging B

Findings

Well supported

- Trauma focused cognitive behavioural therapy *(Program)*

Supported

- Child-Parent Psychotherapy (CPP) *(Program)*
- Fourth R: Violence Prevention *(Program)*
- Fostering Healthy Futures *(Program)*
- Parents under Pressure (PUP) *(Program)*
- Project Support *(Program)*
- Family Connections *(Service Model)*
- Nurse Home Visiting Service *(Service Model)*
- Multi-Systemic Therapy: MST:CAN *(System of care)*
- Sanctuary Model *(System of Care)*

Findings

Promising A

- Child and Family CBT for sexually abused children with PTSD *(Program)*
- Parent-Child Interaction Therapy (PCIT) *(Program)*
- Triple P - Enhanced Group Behavioural Intervention *(Program)*

Promising B

- Brighter Futures *(Service Model)*
- Therapeutic Residential Care *(Service Model)*

Emerging A

- Neurosequential Model *(Program)*

Emerging B

- Koping *(Program)*

Findings

- Most approaches targeted psychological, emotional and behavioural symptoms.
- Some gaps in the literature.
  - Lack of rigorous research trials with long term follow-up
  - Few approaches targeted infants or adolescents
  - Only two studies described representation from Aboriginal or Torres Strait Islanders
- There are a number of approaches with at least some reasonable evidence to support their use.

Practitioner Survey

- Online, Australia wide survey.
- 293 individuals who worked with children exposed to trauma within the child and family services sector.

Findings

Majority reported:

- High levels of contact with clients exposed to trauma.
- Assessment of trauma exposure and its impact was a priority in their work.
- Mod/high level of confidence in recognising the signs and symptoms of trauma exposure.
- Mod/high level of confidence in delivering approaches which targeted outcomes associated with trauma exposure.

Findings

- The most common *practice* was to refer out or to link in with other services (57%), or to provide education (49%).
- Approximately 30% reported delivering a specific approach in the past year.
- Approximately 14% of respondents delivered an approach identified in REA.

Findings

Evidence-based approaches delivered:

- TF-CBT
- Sanctuary Model
- PUP
- Neurosequential Model
- PCIT
- Brighter Futures
- Therapeutic Residential Care
- Koping

Findings

- This suggests there is room to improve the uptake of evidenced-based approaches in partitioners working in the area.

- But need to consider practitioner's role- is it in their role to be delivering therapeutic approaches.

- Need to consider the 'fit' between the aims of a particular evidence-based approach, the type of evidence-based approach and practitioner's role within a service.

Findings

Limitations

- Generalisability?
  - *Small representation from state funded organisations and mental health services*

Organisational Leaders Consultations

- To identify factors that influence the uptake of evidence-based approaches.

- Detailed consultations were conducted with a small sample of organisational leaders and senior managers (*n*=9) within government and non-government organisations across Australia.

Findings

- Decisions about approaches to implement were generally made at an executive level.

- Factors influencing adopting an approach including financial considerations, time constraints, workforce experience, and what was implementable.

Findings

- Evidence for an approach was often considered by managers, but the perceived importance of evidence varied.
- Adaptation of approaches to fit service models appeared to be common across the sector.
  - Constraints to implementation of quality assurance or improvement processes

Findings

Managers identified:

- More support and guidance in evidence-based trauma approaches was required for practitioners.
- The field still lacked clear definitions or understanding of key terms including Type II trauma, trauma-informed care.
- Needed guidelines for the assessment and treatment of type II trauma.

Findings

Snapshot

Limitations

- *Small sample size*
- *? Representativeness*

Recommendations and Discussion

Recommendations

- **Recommendation 1.** Improve awareness of definitions and understandings 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 through abuse and neglect.

Recommendations

- **Recommendation 3.** Increase use of quality assurance and quality improvement processes within child and family service organisations to allow for on-going, 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.

Recommendations

- **Recommendation 5.** Increase the development and evaluation of approaches with and for Aboriginal and Torres Strait Islander children and families.