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Which psychological treatments work for young children suffering from trauma-related symptomatology? Preliminary findings from a systematic review

Mette Alkærsig[1,2*], Trine Banzon[1,2], Ask Elklit[1,], Maria Louison Vang[1,3] & Sille Schandorph Løkkegaard[1,2]
[1] The Danish Center of Psychotraumatology, Department of Psychology, University of Southern Denmark.
[2] The CH:LD research group, Department of Psychology, University of Southern Denmark.
[3] Department of Occupational and Environmental Medicine, Odense University Hospital, Region of Southern Denmark.

Background

Trauma exposure can interfere with children's ongoing development and place them at risk of developing a myriad of long-lasting psychosocial, emotional, and behavioral sequalae. Early identification and evidence-based intervention efforts are thus essential for mitigating the negative consequences of child trauma exposure. While effects of various interventions for trauma-related symptoms are relatively well-investigated among older children, youth, and adults, child populations (age≤12) are understudied. Consequently, clinicians must rely on their own clinical experience and evidence from older children resulting in the application of various methods. At best, these prove efficient, however, they might have no effect or worsen child trauma-related symptomatology. For ensuring that more trauma-exposed children receive effective, evidence-based treatment, investigation of the evidence-base for the numerous methods employed with this population is needed.

Aim

To provide a comprehensive overview of the current evidence-base for different psychological treatments applied with child populations (≤12 years) suffering from trauma-related symptomatology.

Study design

The present study is a systematic literature review (PROSPERO, ID: CRD42023446744). Findings will be synthesized narratively due to 1) comprehensiveness of the systematic searches, and 2) expected methodological heterogeneity between included studies.

Methods

Systematic searches were conducted on psychological treatments (N = 12) applied nationally and internationally in clinical as well as research settings with trauma-exposed children. Searches were run separately for each treatment across six databases between March and May 2023 (see Table 2 for example of search string). Studies had to employ pre-post designs and measure child trauma-related symptomatology to be included. Identified records were independently double screened on title/abstract and on 10% of records eligible for full-text screening.

Study quality will be assessed using the Qualsyst appraisal checklist (Kmet et al, 2004) while The National Health and Medical Research (NHMRC) Hierarchy of Evidence framework (NHMRC, 1999) will be applied for assessing strength of evidence of included studies.

Treatment	Number of unique records identified through systematic searches	Included studies
Child-parent psychotherapy (CPP)	3183	*
Compassion Focused Therapy (CFT)	890	0
Eye Movement Desensitization and Reprocessing (EMDR)	957	22
Mentalization-based therapy (MBT)	248	1
Narrative Exposure Therapy for children and adolescents (KIDNET)	135	0
Neuro-Affective Relational Model (NARM)	70	0
Play therapy	970	*
Sandplay	3794	*
The Sleeping Dogs Method (SDM)	80	0
Somatic Experiencing®	517	0
Theraplay®	171	2
Trauma-focused cognitive behavioral therapy (TF-CBT)	1033	55

Table 1. *Screening processes*.
*Full-text screening ongoing or yet to be initialized. All screening processes will be completed during spring 2024.

Child search terms		Treatment search terms
Child* OR Young child* Or Girl* Or Boy* OR Kid* OR "Pre next school*" OR Pre-school* OR Preschool* OR "School next age" OR Kindergarten OR Nursery OR "Day care"	AND	"Trauma-focused cognitive behavioral therapy" OR Trauma-focused cognitive behavio* therap* OR Trauma focused cognitive behavio* therap* OR "Trauma-focused CBT" OR "Trauma focused CBT" OR TF-CBT OR Preschool PTSD Treatment

Table 2. *Search string from systematic search on TF-CBT.*

Preliminary results

Included studies thus far are presented in Table 1.

Our preliminary findings indicate:

1) TF-CBT and EMDR are currently the most empirically researched interventions for trauma-exposed child populations (≤12 years).

2) Scarce empirical investigation are available for several included treatments despite their widespread application in clinical practice with trauma-exposed child populations.

Less structured or novel (e.g., Theraplay®, MBT, Somatic Experiencing®, SDM) as well as other trauma-focused methods (NARM, KIDNET) appear especially understudied among this population.

Conclusions and future research

For TF-CBT and EMDR, their evidence-base mirrors the evidence-base for older populations where TF-CBT and EMDR are also well-studied.

The review also preliminary stresses a need for prioritizing empirical investigation of treatments with a non-existing or sparse evidence-base since many despite this lack of evidence are practiced with trauma-exposed child populations.

Lastly, though some treatments are well-studied, few studies on differentiated and individually tailored treatment is available.

Collaborators

University of Southern Denmark

The Department of Occupational and Environmental Medicine
Odense University Hospital

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Presenter
Mette Alkærsig
BSc, MSC in Psychology
PhD fellow
Department of Psychology
University of Southern Denmark
metalk@health.sdu.dk