PSYCHOTHERAPEUTIC INTERVENTIONS FOR CHILDREN 0 TO 5: EVIDENCE-BASED PROGRAMS

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The Larry King Center
for Building Children's Futures

RESEARCH NOTES

CRITERIA

To be included in this review, the intervention must:

1) be designated as evidence-based/peer reviewed by **one** of the sources listed below

2) target children who are age 5 and under and/or in pre-kindergarten or kindergarten (although some may also be appropriate for older children)

3) address a specified traumatic life event such as an accident/crash with automobile, plane, boat, etc.; attacked by an animal; man-made disasters; natural disasters; accidental burning; near drowning; hospitalization, emergency room visit, and/or invasive medical procedures; and/or kidnapped or address a specified traumatic history area such as premature birth; birth traumas; serious accident, illness or injury; serious illness, injury or death of loved one; significant separation from loved one; physical assault or intentional injury by another person; sexual assault; verbal or physical violence in the home; previous victim of/witness to crime or violence; general neighborhood violence; or history of multiple care takers.

SOURCES

To develop this matrix, the following evidence-based registries were reviewed:

- Strengthening America's Families
- Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide
- Coalition for Evidence-Based Policy
- National Registry of Evidence-Based Programs and Practices (N-REPP) (SAMSHA)
- Surgeon General's Report (2001) on Youth Violence
- Blueprints for Violence Prevention; California Evidence-Based Clearinghouse (CEBC)
- Promising Practices Network
- Find Youth Info
- Child Trends
- Department of Health and Human Services , Home Visiting Evidence of Effectiveness (HomVEE)
- Washington State Institute for Public Policy

Literature reviews and studies conducted by the National Child Traumatic Stress Network (NCTSN), the RAND Corporation, and Research and Training Center (RTC) on Family Support and Children's Mental Health were also reviewed. Note that interventions referenced by RAND may be reviewed by the NCTSN and its staff. Therefore, evidence of effectiveness may vary. See referenced site for more information.

The Larry King Center of the Council for Children's Rights does not endorse any program cited in this document. The material provided is strictly for informational purposes.

Child FIRST	
Target Population	birth to age 6
Description	The goal is to decrease the incidence of emotional and behavioral disturbance, developmental and learning problems, and abuse and neglect among high-risk young children and their families. The Child FIRST model is based on the most current research on brain development, which shows that extremely high-stress environments (including poverty, maternal depression, domestic violence, abuse and neglect, substance abuse, and homelessness) are "toxic" to the developing brain of the young child. The presence of a nurturing, consistent, and contingent parent-child relationship is able to buffer and protect the brain from these damaging insults. Child FIRST provides home-based services that include comprehensive assessment of child and family needs, observation and consultation in early care and education, parent-child mental health intervention, development of a child and family plan of care, and care coordination/case management. The intervention includes: incorporates both a parent-child dyadic psychotherapeutic intervention (based on the work of Lieberman and Van Horn) and parent guidance. It is a two-generation intervention designed to strengthen the parent-child relationship and attachment so that the relationship serves both as a protective buffer to unavoidable stress and directly facilitates emotional, language, and cognitive growth. The model operates at multiple levels: helping parents/caregivers understand normal developmental challenges and expectations; parental reflection on the meaning and feelings motivating a child's behavior; reframing the child's behavior; problem solving new strategies; and reflecting on the psychodynamic relationship among parental feelings, history, and the parental response to the child.
Cost	Not Available
Target Outcomes/Findings	Found to address the following areas: • Child development and school readiness • Maternal health
Research & Notes	Department of Health and Human Services , Home Visiting Evidence of Effectiveness (HomVEE): This program model meets DHHS criteria for an "evidence-based early childhood home visiting service delivery model," because there is at least 1 high or moderate quality impact study with favorable, statistically significant impacts in at least 2 of the 8 outcome domains. At least 1 of these impacts is from a randomized controlled trial and has been published in a peer-reviewed journal. At least 1 of the favorable impacts from a randomized controlled trial was sustained for at least a year after program enrollment. http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=42

Child Parent Psychotherapy	
Target Population	Children birth to age 5 and their caregivers
Description	An intervention for children from birth through age 5 who have experienced at least one traumatic event (e.g., maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and, as a result, are experiencing behavior, attachment, and/or mental health problems, including posttraumatic stress disorder (PTSD). The primary goal of CPP is to support and strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect and improving the child's cognitive, behavioral, and social functioning. The type of trauma experienced and the child's age or developmental status determine the structure of CPP sessions. For example, with infants, the child is present, but treatment focuses on helping the parent to understand how the child's and parent's experience may affect the child's functioning and development. With older children, including toddlers, the child is a more active participant in treatment, and treatment often includes play as a vehicle for facilitating communication between the child and parent. When the parent has a history of trauma that interferes with his or her response to the child, the therapist (a master's- or doctoral-level psychologist, a master's-level social worker or counselor, or a supervised trainee) helps the parent understand how this history can affect perceptions of and interactions with the child and helps the parent interact with the child in new, developmentally appropriate ways. In studies reviewed for this summary, mother-child dyads participated in weekly sessions for approximately 1 year with therapists who principally used a CPP treatment manual (Don't Hit My Mommy!).
Cost	$1,686+, includes manual, training, and technical assistance
Target Outcomes/Findings	Aims to affect: • Child PTSD symptoms • Child behavior problems • Children's representational models • Attachment security • Maternal PTSD symptoms • Maternal mental health symptoms other than PTSD symptoms
Research & Notes	Found in the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidenced-Based Programs and Practices(NREPP)http://nrepp.samhsa.gov/ViewIntervention.aspx?id=194 Considered a "proven and promising practice" by the National Child Traumatic Stress Network. No criteria for designation specified. http://www.nctsn.org/nctsn_assets/pdfs/PolicyGuide_CTS2008.pdf Determined to be "supported by research evidence" in the California Evidence-Based Clearinghouse for Child Welfare. Criteria for this designation can be found on page 17. www.cebc4cw.org/program/child-parent-psychotherapy/detailed

Community Outreach Program – Esperanza (COPE)	
Target Population	Children age 4 to 17 and pre-K to 12th grade
Description	A parent-child intervention that aims to address behavior and social-emotional problems among traumatized children who have been unable to attend traditional school counseling successfully. The program relies on cognitive behavioral therapy to teach coping skills training, affective identification and processing, trauma narrative, and risk reduction. However, it also uses parent-child interactive therapy to improve family interactions and intensive case management and advocacy to find services for family members (e.g. substance-abuse treatment for parents) or to address the family's basic needs. Implemented in three counties in South Carolina and other schools throughout the US.
Cost	Not Available
Target Outcomes/Findings	Aims to affect: • Reduce behavioral, social, and emotional problems. • Improve coping skills • Provide basic needs
Research & Notes	Found in the RAND Corporation's toolkit for "How Schools Can Help Students Recover from Traumatic Experiences"http://www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf

Friends and New Places	
Target Population	Grades K -12
Description	A "cognitive contextual" model that addresses cognitive processes regarding a traumatic event in the context of various environments, such as family, school, and community. It is drama-based and is designed for students experiencing traumatic changes in their lives, such as those created by hurricanes Katrina and Rita. The program is intended to reframe how children think about their experiences in a new environment, both at school and at home. It is based on the principles that families are strong and children are strong, and it works to bring out that strength and make it evident to children. The program also stresses that therapy should be meaningful, fun, and appropriate to the culture of the participants.
Cost	Not Available
Target Outcomes/Findings	Aims to affect: • Improve and reframe how children think about their experiences in a new environment • Make therapy culturally appropriate and fun
Research & Notes	Found in the RAND Corporation's toolkit for "How Schools Can Help Students Recover from Traumatic Experiences" http://www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf

Healing After Trauma Skills (HATS)	
Target Population	Children age 4 to 12, grades pre-K to 7th
Description	An evidence-informed intervention manual for use with classrooms, groups, or individuals to relieve re-experiencing trauma, anxiety, fear, numbing, avoidance, clingy behavior, mood changes, arousal, and other trauma-related symptoms among children who have experienced a natural or man-made disaster. It relies on the principles of cognitive behavioral therapy to build positive coping skills
Cost	Not Available
Target Outcomes/Findings	Aims to affect: • Alleviation of trauma related symptoms • Improvement of coping skills
Research & Notes	Found in the RAND Corporation's toolkit for "How Schools Can Help Students Recover from Traumatic Experiences" http://www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf

Newborn Individualized Developmental Care and Assessment Program (NIDCAP)	
Target Population	Birth to age 8
Description	Offers an individualized and nurturing approach to the care of infants in neonatal intensive care unit (NICU) and special care nurseries (SCN). It is a relationship-based, family-centered approach that promotes the idea that infants and their families are collaborators in developing an individualized program of support to maximize physical, mental, and emotional growth and health and to improve long-term outcomes for preterm and high medical risk newborns. The infant's sensory experience in the environment of the NICU and SCN, including exposure to bright lights, high sound levels, frequent stressful and painful interventions, and diminished positive experiences, presents unexpected challenges to the immature brain during this sensitive period. The goal of the NIDCAP approach is to minimize the mismatch between the immature brain's expectations and the overstimulating environment. In turn, NIDCAP seeks to improve brain development and long-term outcomes.
Cost	Varies depending on location and staff
Target Outcomes/Findings	Cognitive and behavioral outcomes: • significantly lower incidence of developmental delay • improved behavioral organization at two weeks corrected age and at nine months • enhanced autonomic, motor, state, attention, and self-regulatory functioning following the intervention compared with the control group • A follow-up study of NIDCAP infants at eight years old found significantly better right hemisphere and frontal lobe function in the experimental group than in the control group
Research & Notes	The Promising Practices Network found the evidence level to be "proven," based on the following criteria: • Program must directly impact one of the indicators used on the site. • At least one outcome is changed by 20%, 0.25 standard deviations, or more. • At least one outcome with a substantial effect size is statistically significant at the 5% level. • Study design uses a convincing comparison group to identify program impacts, including randomized-control trial (experimental design) or some quasi-experimental designs. • Sample size of evaluation exceeds 30 in both the treatment and comparison groups. http://www.promisingpractices.net/program.asp?programid=103

Parent-Child Interaction Therapy	
Target Population	Birth to age 55
Description	A treatment program for young children with conduct disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT was developed for children ages 2-7 years with externalizing behavior disorders. In PCIT, parents are taught specific skills to establish or strengthen a nurturing and secure relationship with their child while encouraging pro-social behavior and discouraging negative behavior. This treatment has two phases, each focusing on a different parent-child interaction: child-directed interaction (CDI) and parent-directed interaction (PDI). In each phase, parents attend one didactic session to learn interaction skills and then attend a series of coaching sessions with the child in which they apply these skills. During the CDI phase, parents learn nondirective play skills similar to those used in play therapy and engage their child in a play situation with the goal of strengthening the parent-child relationship. During the PDI phase, parents learn to direct the child's behavior with clear, age-appropriate instructions and consistent consequences with the aim of increasing child compliance.
Cost	$4,000+, includes treatment materials and training per trainee
Target Outcomes/Findings	Aims to affect: • Parent-child interaction • Child conduct disorders • Parent distress and locus of control Recurrence of physical abuse
Research & Notes	Found in the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidenced-Based Programs and Practices(NREPP) http://nrepp.samhsa.gov/ViewIntervention.aspx?id=23 Considered a "proven and promising practice" by the National Child Traumatic Stress Network. No criteria for designation specified. http://www.nctsn.org/nctsn_assets/pdfs/PolicyGuide_CTS2008.pdf

PeaceZone (PZ)	
Target Population	Grades K to 5th
Description	A school-based program that is designed to increase students' ability to make positive decisions, avoid risk-taking behavior, and heal from trauma and loss. A secondary goal of the PZ program is to assure that adults are able to reinforce the core concepts with children, both at home and in school. Two approaches to violence prevention are integrated into PZ: social skill building and conflict resolution and healing from trauma, grief and loss. Psychomotor expressive activities (visual arts, music, dance, etc.) and community service shape the key healing activities. PZ is based on social cognitive therapy and the research of Howard Gardner (Frames of Mind). It emphasizes self-control, self- respect, problem solving, and cooperation.
Cost	Not available
Target Outcomes/Findings	Aims to: • Improve students' ability to make positive decisions • avoid risk-taking behavior • heal from trauma and loss.
Research & Notes	Found in the RAND Corporation's toolkit for "How Schools Can Help Students Recover from Traumatic Experiences" http://www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf

Primary Mental Health Project	
Target Population	Pre-K to 9th grade
Description	A school-based early-intervention program for young children who show evidence of school adjustment difficulties. As an indicated prevention program, PMHP targets children deemed "at risk" and not those with already crystallized serious dysfunction. Through therapeutic interventions in a one-to-one setting, the program aims to address risk and protective factors of children in preschool through grade 3. The program endeavors to detect, reduce, and/or prevent social, emotional, and school adjustment difficulties. It also seeks to enhance learning and adjustment skills and other school- related competencies. PMHP accomplishes these goals through five structural components: a focus on young children (preschool through third-grade children are the primary recipients of services); early and systemic screening and selection; use of paraprofessionals for direct services; role change of school-based mental health professionals; and ongoing program evaluation
Cost	$250 per child per year
Target Outcomes/Findings	Presents evidence of • Improved school adjustment • Decreased problem behaviors for treatment children
Research & Notes	Included in "Exemplary & Promising Safe, Disciplined, and Drug Free Schools Programs, 2001" by the US Dept of Education http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf

Psychosocial Structured Activity (PSSA), or the Nine-session Classroom-Based Intervention (CBI), and Journey of Hope (Save the Children)	
Target Population	Children age 5 to 18
Description	A short-term, classroom-based resiliency-building intervention designed to help children who have experienced a crisis to deal emotionally with difficult experiences through a series of structured play therapy activities. The intention of PSSA is to normalize students' reactions to fearful events, rebuild self-esteem, address students' reactions to what they saw, help students identify resources and coping mechanisms, and finally to help students utilize available resources and plan for the future. PSSA is intended to be given in conjunction with a one-day workshop, called Journey of Hope, for faculty and parents to help them to process recent events, cope with current challenges, and address their own needs for self-care during these stressful times
Cost	Not Available
Target Outcomes/Findings	Aims to affect: • Improve coping skills, self-esteem, and reactions to fearful events • Improve ability to use available resources and plan for the future
Research & Notes	Found in the RAND Corporation's toolkit for "How Schools Can Help Students Recover from Traumatic Experiences" http://www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf

Rainbows	
Target Population	Grades pre-K to 12th, children age 3 to 18 and adults
Description	A grief support organization that provides intervention and prevention curricula for children and youth who have experienced divorce, separation, or death of parents, or have experienced a myriad of other loss or painful transitions. The main purpose of Rainbows is to provide a loving, safe atmosphere in which participants know someone cares for them and is willing to listen to them. Rainbows curricula are intended to provide grief support, foster emotional healing, boost self- esteem, and teach coping mechanisms
Cost	Not Available
Target Outcomes/Findings	Aims to affect: • Provide grief support • Allow emotional healing • Improve self-esteem and coping mechanisms
Research & Notes	Found in the RAND Corporation's toolkit for "How Schools Can Help Students Recover from Traumatic Experiences" http://www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf

School Interaction Project (SIP) of the Southwest Michigan Children's Trauma Assessment Center (CTAC)	
Target Population	Entire classroom, both traumatized and those w/o a known history of trauma
Description	An inclusive classroom model that aims to establish and maintain safety, improve relational engagement, and build self-regulation skills, while providing opportunities to make meaning of students' experiences and enhance teachers' knowledge, skills, and confidence. SIP consists of manualized materials to be used in the classroom throughout the school year. Following initial training, teachers will implement manualized activities and interventions that reflect an understanding of the impact of trauma on their students. Professional development will simultaneously support this paradigm shift through critical incident review process.
Cost	Not available
Target Outcomes/Findings	Aims to affect: • Establish and maintain safety • Improve relational-engagement and self-regulations skills.
Research & Notes	Found in the RAND Corporation's toolkit for "How Schools Can Help Students Recover from Traumatic Experiences" http://www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf

Silver Linings: Community Crisis Response	
Target Population	Grades K-12th
Description	A first-response, classroom or youth-group program to assist youth experiencing emotional turmoil due to loss or change caused by a crisis situation. The program is appropriate for a variety of crisis situations, such as natural disasters, death of a classmate or teacher or administrator, school closings, or violence in the school or community. The main purpose of Silver Linings is to provide a safe place among a caring group of adults and peers for students to express and explore feelings such as anger, sadness, and guilt, while participating in physical activities. Silver Linings is also intended to provide instruction in coping strategies, in particular positive reappraisal.
Cost	Not available
Target Outcomes/Findings	Aims to affect: • Provide a safe place for children to express and explore feelings such as anger, sadness, and guilt. • Improve coping strategies in a particular positive reappraisal.
Research & Notes	Found in the RAND Corporation's toolkit for "How Schools Can Help Students Recover from Traumatic Experiences" http://www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf

Three Dimensional Grief (also known as School-Based Mourning Project)	
Target Population	Grades K-12th
Description	A group intervention process to facilitate mourning and grief among children who have experienced permanent loss from death. The program uses a mix of approaches and techniques – developmental, psychodynamic, child-centered play therapy, and gestalt – to build children's readiness to engage, emotional literacy, and sense of ego-integrity.
Cost	Not Available
Target Outcomes/Findings	Aims to affect: • Facilitate grief or mourning • Improve readiness to engage • Improve emotional literacy Improve sense of ego integrity
Research & Notes	Found in the RAND Corporation's toolkit for "How Schools Can Help Students Recover from Traumatic Experiences" http://www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	
Target Population	Birth to age 55
Description	A psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. The acronym PRACTICE reflects the components of the treatment model: Psycho-education and parenting skills, Relaxation skills, Affect expression and regulation skills, Cognitive coping skills and processing, Trauma narrative, In vivo exposure (when needed), Conjoint parent-child sessions, and Enhancing safety and future development. Although TF-CBT is generally delivered in 12-16 sessions of individual and parent-child therapy, it also may be provided in the context of a longer-term treatment process or in a group therapy format.
Cost	$2400+, includes manual, training, and consultation
Target Outcomes/Findings	Aims to effect: • Child behavior problems • Child symptoms of posttraumatic stress disorder (PTSD) • Child depression • Child feelings of shame Parental emotional reaction to child's experience of sexual abuse
Research & Notes	Found in the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidenced-Based Programs and Practices(NREPP) http://nrepp.samhsa.gov/ViewIntervention.aspx?id=135 Considered a "proven and promising practice" by the National Child Traumatic Stress Network. No criteria for designation specified. http://www.nctsn.org/nctsn_assets/pdfs/PolicyGuide_CTS2008.pdf Determined to be "well-supported by research evidence" in the California Evidence-Based Clearinghouse for Child Welfare. Criteria for this designation can be found on page 17. http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/detailed Found in the RAND Corporation's toolkit for "How Schools Can Help Students Recover from Traumatic Experiences"http://www.rand.org/pubs/technical_reports/2006/RAND_TR413.pdf

APPENDIX: Criteria for designation in the California Evidence-Based Clearinghouse for Child Welfare

Designation: Well-Supported by Research Evidence

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has a book, manual, and/or other available writings that specify components of the service and describes how to administer it
- Multiple Site Replication: At least two rigorous randomized controlled trials (RCTs) in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- In at least one RCT, the practice has shown to have a sustained effect at least one year beyond the end of treatment.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.

Designation: Supported by Research Evidence

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has a book, manual, and/or other available writings that specifies the components of the practice protocol and describes how to administer it.
- At least one rigorous randomized controlled trial (RCT) in usual care or a practice setting has found the practice to be superior to an appropriate comparison practice. The RCT has been reported in published, peer-reviewed literature.
- In at least one RCT, the practice has shown to have a sustained effect of at least six months beyond the end of treatment.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.