

## **Annotated Bibliography: Play Therapy, Child Maltreatment, and Effective Treatments**

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- Adler-Nevo, G., and K. Manassis. 2005. "Psychosocial treatment of pediatric posttraumatic stress disorder: the neglected field of single-incident trauma." *Depression and anxiety* 22: 177.
- After an extensive literature search (1994-2004), 10 articles were examined for findings related to treatment of single-incident child trauma (SIT.) These traumas are sudden, overwhelming, and dangerous incidents, .e.g. vehicle accidents, severe weather, fire, or terrorist attacks and were defined as distinct from repeated traumas from long-standing sexual or physical abuse. Studies (p. 179) found that 14% to 34.5% children in road traffic accidents had PTSD symptoms.
  - Of the 10 research studies, cognitive-behavioral treatments (CBT) for pediatric PTSD had better designs and all but one study showed significant treatment improvement in PTSD symptoms. Children treated were mostly ages 10 – 12 years because a certain level of cognitive ability is required for CBT. Programs were mostly group interventions carried out in school settings.
  - Three studies reported successful PTSD symptom reductions with Eye Movement Desensitization and Reprocessing (EMDR) treatments.
  - Little research was published on play therapy for SIT. However, one CBT study included nondirective expressive art, play, and talk with directive CBT elements. Published single case examples of nondirective play principles with traumatized children were found, however evidence for effectiveness could not be determined.
- Allin, H., C.N. Wathen, and H. MacMillan. 2005. "Treatment of child neglect: A systematic review." *Canadian Journal of Psychiatry* 50: 497.
- The authors conducted a literature review (1980 – 2003) for studies on the treatment of child neglect (not physical or sexual abuse;) eventually selecting 54, but focusing on just 14 studies with the best methodological quality. Two studies on two types of play therapy and two on therapeutic day programs were rated as good or fair quality and also showed beneficial treatment effects.
  - The play therapy studies showed support for effectiveness of including peers with more resilient personalities and imaginative play training with multisystemic therapy. The day program seemed to increase neglected children's self-concept.
  - Child neglect was the most common reason for child welfare investigations accounting for 40% in 1998. However, there was no consistent definition of generic neglect in the studies. The authors adopted the view that neglect was an act of omission rather than commission that occurs when children's basic needs are not adequately met. Suggested risk factors point to parenting characteristics

- such as low parental warmth, the use of physical discipline, and economic poverty. The consequences of neglect can be severe; potentially impairing many areas of child development. Study outcome measures looked at self-esteem, peer relationships, and social withdrawal.
- Results from the peer matching play therapy study included significantly more positive play and less solitary play with fewer internalizing and externalizing behavior problems. The study of five-week imaginative play training with random assignment to experimental and control groups reported greater levels of imagination, increased cooperation and interaction with peers, and less aggressive play compared to control subjects.
  - Although the methodological quality was judged to be poor, eight studies reported on interventions to improve parenting capability of neglectful parents. Multisystemic treatment seemed to lower family stress and reduce negative parent-child interactions.

Bratton, S.C., D. Ray, T. Rhine, and L. Jones. 2005. "The Efficacy of Play Therapy With Children: A Meta-Analytic Review of Treatment Outcomes." *Professional Psychology: Research and Practice* 36: 376-390.

- This paper summarized the meta-analysis of 93 controlled outcome studies of play therapy (published 1953 – 2000) and concluded that efficacy of play therapy was strongly supported. Typically children are referred for behavioral problems as defined by parents or caretakers who want children to grow up well-liked and well-adjusted. Play therapy can modify children's behavior, social adjustment, and personality to help adjustment, thus reducing negative stress on caretakers.
- The 93 studies were selected as the best examples of research procedures, but many still fell short of expected experimental standards leading to the conclusion that for play therapy to be better accepted practitioners need to use stronger research designs.
- Play therapy effectiveness improved with more sessions (up to 34) and when parents were involved in treatment with children. Studies using humanistic play therapy approaches were more effective than nonhumanistic approaches, however this may have been due to the larger number of studies coded as humanistic approaches.

Chazan, S., and E. Cohen. 2010. "Adaptive and defensive strategies in post-traumatic play of young children exposed to violent attacks." *Journal of child psychotherapy* 36: 133-151.

- Twenty-three children, ages 4 to 8 years, who had been exposed to violent attacks, were videotaped in individual play sessions. The researchers rated the children's post-traumatic play vignettes according to the child's play strategies to 1) reduce anxiety; 2) to process upsetting experiences; and 3) to promote adaptation using the Children's Play Therapy Instrument/Adaptation for Trauma Research (CPTI/ATR).
- The play narratives were interpreted to whether or not the child was able to maintain a balance of perceived safety to threat as well as shared reality with the therapist's protective limits and benevolent concern. Children who exhibited

positive coping capacities in re-enactment play activity were observed to use 1) *planning and anticipation elements*, 2) *self-awareness of being engaged in play*, and 3) *symbolizing capacities to distance oneself from immediate experience* to prevent being flooded with anxiety so the event could be somewhat controlled and processed. The more resilient children also 4) *needed to display their talents* during play to derive confidence thus allowing them to play feeling relatively secure and relaxed. A positive bond with the therapist was essential to soothing and dispelling anxiety.

Christoffersen, M.N., and D. DePanfilis. 2009. "Prevention of child abuse and neglect and improvements in child development." *Child abuse review* 18: 24-40.

- Based on a 1998 survey of 1,138 Danish children reported to be victims of child abuse, the study examined the question: Will the socio-psychological development of children known to social services be improved when abuse and neglect are reduced? The study results are based upon 900 completed caseworker evaluations over a four-year period using a standardized questionnaire.
- Twelve per cent of the 900 children were found to have experienced some kind of physical abuse, while one third of the children had been exposed to some kind of psychological maltreatment. The incidence of physical neglect was 38 per cent.
- Maltreated children were more often judged to be in a depressed state, unhappy, socially isolated, or they had an eating disorder, inadequate or under-nutrition, suicidal tendencies, lack of concentration, or disturbed behavior, compared to those children who were not exposed to abuse and neglect.
- The study confirmed the need to differentiate between psychological maltreatment, physical/sexual abuse and physical neglect. *When parental behavior improved, effects on their children's well-being were also observed to be improved.* This study also documented the essential need for social workers to identify and screen for parents' mental health problems when children have experienced maltreatment. Only in about 25 per cent of the families had an assessment and a treatment plan with goals been included in the files, therefore it was impossible to assess progress or outcome of any services.

Dombrowski, S.C., S.G. Timmer, D.M. Blacker, and A.J. Urquiza. 2005. "A positive behavioural intervention for toddlers: parent-child attunement therapy." *Child Abuse Review* 14: 132-151.

- Toddlerhood, aged 20 – 30 months, represents a critical time in child development when adult attachment relationships are needed for healthy personality development, emotion regulation, and language acquisition. Toddler maltreatment has been found to disrupt cerebral cortex and limbic systems implicated with regulation of cognition, attention, and emotion with long-term negative effects lasting to adulthood. A literature review found no programs designed for maltreated toddlers had been evaluated.
- PCAT intervention was adapted from PCIT programs which studies show to be effective at reducing risk of maltreatment of older children by their parents. In the first phase of treatment, parents were coached in behaviors that focus on positive, *nondirective* play and communication. Caregivers learn to limit their use of

commands and questions, to use simple, age appropriate words and nonverbal signs of approval with a high degree of enthusiasm for the child's play.

- This study reported on using PCAT methods with one 23-month old toddler and its biological mother who was reported for child maltreatment. Standardized assessments at the program's end showed increasing positive toddler-mother interactions and improving emotional availability. An obstacle to success was the quality of the marital relationship and environmental stressors like unemployment and involvement with the criminal justice system.

Farkas, L., M. Cyr, T.M. Lebeau, and J. Lemay. 2010. "Effectiveness of MASTR/EMDR Therapy for Traumatized Adolescents." *Journal of Child & Adolescent Trauma* 3: 125-142.

- Forty adolescent traumatized participants who were taken by child protective services were randomly assigned to either an experimental group for 12-week individualized treatment using eye movement desensitization and reprocessing (EMDR) and manualized comprehensive trauma-focused treatment (MASTR) or a control group for generic, routine care. Self-report questionnaires and semi-structured interviews were administered to participants and one of their parents/caregivers at three points in time: pretreatment, post treatment (12 weeks), and follow-up (12 weeks). The experimental group had significant improvements in their trauma symptoms and behavioral problems compared with the control group at the post-treatment evaluation.
- Included in MASTR was Motivational Interviewing (MI) which incorporates empathic listening, developing a discrepancy between desired and current behavior, avoiding argumentation, acknowledging resistance, emphasizing the power of choice, and supporting self-efficacy.

Feather, J., and K.R. Ronan. 2006. "Trauma-focused cognitive behavioural therapy for abused children with posttraumatic stress disorder: A pilot study." *New Zealand Journal of Psychology* 35: 132-145.

- Four multi-abused children, ages 9 – 13 years, diagnosed with PTSD were treated as part of a pilot trauma-focused cognitive-behavioral treatment (TF-CBT) program. Children received 16 sessions and parents were offered 3 sessions. The program consisted of four phases: 1)psycho-social strengthening, 2) coping skills, 3)trauma processing, and 4)special issues and completion of therapy.
- The results showed participants all had decreasing levels of PTSD symptoms on standardized scales. The participant's self-perceived coping ability increased at the end of treatment and also when measured at 3, 6, and 12 months follow-up.
- The study illustrated the strengths and weaknesses of a small sample, single-case repeated measures design with a TF-CBT program adapted specifically to meet the needs of a community.

Kim, J., and D. Cicchetti. 2010. "Longitudinal pathways linking child maltreatment, emotion regulation, peer relations, and psychopathology." *Journal of Child Psychology and Psychiatry* 51: 706-716.

- This study investigated longitudinal relations among child maltreatment, emotional regulation, peer acceptance and rejection for groups of maltreated and nonmaltreated children (ages 6 – 12 years) from low income families at a summer camp for one or two years. Children with maltreatment were identified through social services contacts. Nonmaltreated children were recruited from other income supplement programs. Children were evaluated by camp counselors on emotion regulation and internalizing and externalizing symptomatology and at the end of camp were rated by peers on peer acceptance or rejection.
- Maltreated children exhibited significantly lower levels of emotion regulation and higher levels of externalizing symptomatology which contributed to higher peer rejection. In other words, children who showed better emotion regulation and displayed appropriate affective behaviors were better accepted by peers.
- The authors discuss their results in terms of how early age maltreatment damages emotion regulation capacity that in turn influences problematic peer social relations and exacerbates psychopathology.
- They also believe the findings support the importance of teaching maltreated children more adaptive emotion regulation skills through positive peer social interactions. This strengthens resilience to interrupt the processes towards psychopathology.

Leeson, F., and R.D.V. Nixon. 2010. "Therapy for child psychological maltreatment." *Clinical Psychologist* 14: 30-38.

- The authors argue that psychological maltreatment, even though it is more difficult to detect from evidence compared to physical and sexual abuse, actually can have severe and long lasting difficulties for children. Yet, they could find no empirically validated therapy programs designed specifically for psychological maltreatment.
- However, cognitive behavioral therapy (CBT) programs for sexual and physical abuse have often been researched and are generally found to have positive treatment effects. Attachment-based play therapy, another treatment approach gaining favor, also aims to improve bonds between the child and caregiver using non-coercive methods. Attachment theory concepts are also used in CBT programs although the intervention methods are different.

Saunders, B.E., L. Berliner, and RF Hanson. 2003. "Child Physical and Sexual Abuse: Guidelines for Treatment. Final Report." National Crime Victims Research and Treatment Center, Medical University of South Carolina, 165 Cannon St., Box 250852, Charleston, SC 29425. For full text: <http://www.musc.edu/cvc>.

- This report summarized 24 protocols for treatment of child victims of abuse. Each protocol was evaluated in terms of its sound theoretical basis, good clinical-anecdotal literature, high/low acceptance among practitioners in the child abuse field, a low chance for causing harm, and empirical support for their utility with victims of abuse.

- Trauma-focused play therapy was described by its advocate Eliana Gil and judged to be a “promising and acceptable treatment.”

Tanaka, M., E. Jamieson, N. Wathen, and H.L. MacMillan. 2010. “Methodological Standards for Randomized Controlled Trials of Interventions for Preventing Recurrence of Child Physical Abuse and Neglect.” *Child Abuse Review* 19: 18.

- After a literature search spanning five decades, the authors selected 13 randomized controlled trials of interventions designed to reduce recurrence of children’s physical abuse and neglect.
- The authors recommended that evaluation designs should be improved with multiple sources of outcome data, independent measures besides parent self-report, consistent use of one instrument across studies, and blind (treatment subjects not identified) outcome assessors. A major risk factor that needs to be included in more studies is marital conflict because it is often the context for child maltreatment.

Thomas, R., and M.J. Zimmer-Gembeck. 2011. “Accumulating Evidence for Parent-Child Interaction Therapy in the Prevention of Child Maltreatment.” *Child development* 82: 177-192.

- The effectiveness of PCIT was examined with a randomized controlled trial with 150 mothers who were at high risk of maltreating their children (under age 7.) PCIT mothers were observed after 12 weeks compared to a waitlist group to have improved parent child interactions and reported better child behavior and decreased stress. A follow-up assessment was made approximately one month after program completion and also notifications to child protection authorities were tracked.
- PCIT aims to reduce risk factors such as lack of knowledge of appropriate discipline techniques by coaching parents to use more praise. Negative child-parent interactions tend to escalate child-parent coercive exchanges and child oppositional and disruptive behaviors. PCIT works to interrupt this cycle. Good parenting skills are defined as 1) maintain consistent limits, 2) ignore minor disruptive behaviors, 3) parents manage their own emotions during negative interactions, 4) identify effective child time-out strategies, and 5) implement strategies effectively and fairly.
- Parents who completed PCIT were found to be more sensitive to their children in that they could accurately read and respond to their child’s emotional cues.
- In addition to training to be more sensitive to their child’s behavior and emotional cues, the authors recommend teaching parenting skills that are based on knowledge of child development stages.

Timmer, SG, AJ Urquiza, and N Zebell. 2006. “Challenging foster caregiver-maltreated child relationships: The effectiveness of parent-child interaction therapy.” *Children and Youth Services Review* 28: 1-19. <http://pcit.tv/publications.asp>

- This study described the effectiveness of PCIT with 75 non-relative foster parents and their foster children (age 2 to 7 years) compared to 98 non-abusive biological parent-child dyads referred to treatment because of the child’s behavior problems.

- Like other PCIT interventions the goal was to strengthen the positive relationship between caregivers and children by teaching new parenting skills that shift from controlling and commanding speech to non-confrontational, enthusiastic praise, and selective attention for appropriate behavior that is clearly communicated to the child. In PCIT's second training phase, caregivers were taught how to manage children's misbehaviors with clear, direct commands, behavior choices, and effective time-out procedures until child compliance occurs.
- The results showed strong treatment effects on measures of parent-child functioning for both foster and biological parent groups. Reductions of child behavior problems and decreased parent distress for both groups were about the same. Results showed differences between foster and biological parents in how they rated their own stress: foster parents reported more intense behavior problems but fewer parenting problems. Other studies cited also show similar bias by foster parents.
- The study showed that with PCIT "hands-off" time-out and removal of privileges procedures it was possible to show significant improvements in children's behaviors.
- As with other PCIT studies, an alternative interpretation of the results is that parent's reports of child behavior improvements is caused more by a shift in attitudes because PCIT focuses on positive perspectives of children.
- This study's results could have been influenced by a 50% attrition rate since those who completed the program probably were somehow different in persisting and perceived more improvement from their efforts.

Timmer, SG, LM Ware, AJ Urquiza, and NM Zebell. 2010. "The effectiveness of parent-child interaction therapy for victims of interparental violence." *Violence and victims* 25: 486. <http://pcit.tv/publications.asp>

- The study compared the effectiveness of PCIT in reducing behavior problems like aggression, defiance, anxiety with 62 clinic-referred, 2 to 7-year olds, maltreated children exposed to interparental violence (IPV) with a group of similar children (n=67) with no exposure to IPV.
- Other studies have found that 25% of children living in homes with IPV are likely to also be involved in violent episodes and that mothers with a history of IPV are likely to also abuse their children. Thus, women can play victim roles and also be perpetrators of maltreatment.
- PCIT involves both parents and children in treatment sessions. Parents receive training and coaching on new positive parenting skills to cope with aggressive child behavior problems while helping parents avoid using physical power. PCIT is a 14 – 20 week program with specific criteria for skill mastery and coaching methods.
- Participation in PCIT was effective in reducing children's behavior problems in both groups (IPV exposed vs. non IPV exposure) as reported by the mothers on standardized scales. Those child-mother dyads who completed the whole treatment program (2 phases) had greater improvement gains than subjects who only finished the first phase, although they improved too. IPV-exposed dyads were just as likely to complete treatment as non-IPV exposed dyads.

Wethington, H.R., R.A. Hahn, D.S. Fuqua-Whitley, T.A. Sipe, A.E. Crosby, R.L. Johnson, A.M. Liberman, et al.. 2008. "The Effectiveness of Interventions to Reduce Psychological Harm from Traumatic Events Among Children and Adolescents:: A Systematic Review." *American journal of preventive medicine* 35: 287-313.

- This paper reported results from a systematic literature review of seven interventions commonly used to reduce psychological harm among children and adolescents exposed to traumatic events. Meta-analyses were conducted on studies published up to March 2007.
- The seven evaluated interventions were 1) individual cognitive-behavioral therapy, 2) group cognitive behavioral therapy, 3) play therapy, 4) art therapy, 5) psychodynamic therapy, and 6) pharmacologic therapy for symptomatic children and adolescents, and 7) psychological debriefing, regardless of symptoms. The main outcome measures were indices of depressive disorders, anxiety and posttraumatic stress disorder, internalizing and externalizing disorders, and suicidal behavior.
- Group and Individual CBT studies with victims of maltreatment or traumatic events were judged to provide strong evidence of treatment effect decreases in psychological harm, i.e. anxiety, depression, and PTSD.
- Four studies on effectiveness of play therapy in reducing psychological harm to children exposed to traumatic events were judged to show benefits but due to methodological weakness the overall effectiveness was unclear.
- Evidence was insufficient to determine the effectiveness of play therapy, art therapy, pharmacologic therapy, psychodynamic therapy, or psychological debriefing in reducing psychological harm.