

Psychodynamic Therapy for Child Trauma

Description

In psychodynamic child trauma treatment, therapeutic interventions are shaped by the therapist's understanding of the child's inner life in the context of the child's immediate world/daily life and history. The psychodynamic psychotherapist focuses on the specific meanings the child gives to the traumatic event based on his or her constitutional, developmental, and environmental circumstances and history. Parents and/or other significant adults are engaged as allies in treatment to reestablish reassuring routines and the psychological safety that are essential to recovery. A core aspect of psychodynamic psychotherapies is that the ultimate goal is to promote personality coherence and healthy development rather than to alleviate symptom severity alone.

General Strength of the Evidence

Five randomized controlled trials (RCTs; Level A) support the efficacy of psychodynamic methods. Three RCTs, conducted by two independent research teams, have examined the efficacy of child–parent psychotherapy (CPP), a dyadic, relationship-based intervention. They involved the following populations: (1) preschoolers exposed to domestic violence, (2) maltreated preschoolers, and (3) maltreated infants. A fourth RCT focused on Attachment and Biobehavioral Catch-Up (ABC), a relationship-based intervention for maltreated children in foster care. The fifth RCT involved a psychoanalytically based individual treatment for sexually abused girls. Of note, in the first four trials, the majority of participants were members of ethnic minorities.

Together, the studies show that psychodynamic treatments have positive effects in terms of reducing child and caregiver symptomatology; changing children's attributions of parents, themselves, and relationships; altering attachment classifications; and reducing children's cortisol levels. One study shows promise of long-term effects. A 6-month follow-up of CPP showed that improvements in children's and parents' symptoms continue posttreatment.

In addition to the randomized trials, over 20 clinical case studies document the effectiveness of psychodynamic treatment following exposure to a range of traumas, including dog attacks; invasive medical procedures; domestic violence; sexual abuse; witnessing the murder of a parent; and complex, chronic trauma.

Course of Treatment

The course of treatment varies with the model. CPP is typically conducted over 50 weekly sessions that take place in the home or in a clinic. Sessions generally include the parent(s) and the child. Individual parent or child sessions may be added as needed. The goal of treatment is to support and strengthen the parent-child relationship as a vehicle to long-term healthy child development. Targets of intervention include mothers' and children's maladaptive representations of themselves and each other, and interactions and behaviors that interfere with the child's mental health. With trauma-exposed samples, treatment incorporates a focus on trauma experienced by the parent, the child, or both. Over the course of treatment, parent and child are guided in creating a joint narrative of the traumatic event, identifying and addressing traumatic triggers that generate dysregulated behaviors, reinforcing mutual traumatic expectations between parent and child, and placing the traumatic experience in perspective.

ABC involves 10 home-based sessions. Foster parents learn to reinterpret children's alienating behaviors, process their own issues that interfere with their ability to provide nurturing care, and create an environment that nurtures the child's regulatory capacities. Trowell and colleagues' (2002) intervention involved 30 sessions of brief, focused psychoanalytic treatment with three phases: (1) engagement; (2) focusing on issues relevant to the participant, and (3) separation, ending, and reworking key topics.

Recommendations

The research supporting the efficacy of relationship-based treatments is compelling and highlights the importance of involving caregivers when treating young children exposed to trauma. It recommends a focus on not only symptomatology but also the key developmental tasks of early childhood that are often disrupted by trauma. These tasks include developing a primary attach-

ment relationship; forming internal working models of self, others, and the world; and learning to regulate affect. However, the research suggests that doing this work may take time; the majority of the trials involved a yearlong treatment period. Given clinic and funding demands that call for shorter protocols, two things are needed: (1) additional studies, including case studies, examining whether and under what conditions a brief version may be effective; and (2) changes in policy allowing for longer, more intensive treatments that reflect the importance of establishing meaningful change at this critical developmental period.

With respect to psychodynamically oriented interventions for older children, only one study was found that involved children over the age of 6. In light of evidence suggesting the effectiveness of psychodynamic treatment with adults, it would seem that additional research with older children is warranted. While these treatments are developed and studied, clinicians must weigh the option of using them as opposed to other methods for which an evidence base exists. Knowledge of the evidence and a sound clinical rationale should guide this decision.

Summary

Growing evidence supports the use of psychodynamic approaches in the treatment of traumatized children. Data are especially compelling for young children and are noteworthy because they show that psychodynamic methods have ecological validity for different cultural groups, and for children and mothers who have experienced multiple, chronic traumas. In addition, consistent with the goal of psychodynamic treatment, the research suggests that treatment results in not only symptom reduction but also changes in relationships and movement toward a more healthy developmental trajectory.

Reference

Trowell, J., Kolvin, I., Weeramanthri, T., Sadowski, H., Berelowitz, M., et al. (2002). Psychotherapy for sexually abused girls: Psychopathological outcome findings and patterns. *British Journal of Psychiatry, 180*, 234–247.

Suggested Readings

Lieberman, A. F., Compton, N. C., van Horn, P., & Ghosh Ippen, C. (2003). *Losing a parent to death in the early years: Guidelines for the treatment of traumatic bereavement in infancy and early childhood*. Washington, DC: Zero-to-Three Press.

Lieberman, A. F., & van Horn, P. (2005). *Don't hit my mommy: A manual for child–parent psychotherapy with young witnesses of family violence*. Washington, DC: Zero-to-Three Press.