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Preventing Self-Harm Among Adolescent Victims of Adverse Child Experiences Integrated Review

Irene Tsimba Zenga
University of San Francisco, itsimbazenga@usfca.edu

Trinette Radasta
University of San Francisco, tlradasa@usfca.edu

Julie Maxworthy
University of San Francisco

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Irene Tsimba Zenga

University of San Francisco, School of Nursing and Health Professions

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Dr. Radasa

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Abstract

Background: Evidence shows a clear connection between adverse childhood experiences (ACEs) and mental health disorders in adolescence. If not treated, adolescent victims of ACEs could develop maladaptive behaviors such as self-mutilation and suicidal ideation. The standard therapies to treat this population are psychotropic medications or cognitive behavior therapy.

Search Methodology: Ten studies from a literature search on CINAHL, PubMed, APA PsychInfo, and Joanna Briggs databases were selected, appraised, and reviewed.

Integrated Review: Studies were grouped into six types: (a) screening for ACEs**,** (b) usual care and alternative therapies, (c) ineffectiveness of usual care, (d) comprehensive treatment that included trauma-informed therapy, (e) provider satisfaction through comprehensive trauma-informed therapy, and (f) clinical guidelines of TF-CBT.

Synthesis of Literature: Trauma-focused cognitive-behavioral therapy (TF-CBT) emerged from the studies reviewed as an effective evidence-based approach to care for adolescents' victims of ACEs with self-harming behavior

Implications for Practice: Policy changes are needed to require psychiatric mental health nurse practitioners to obtain adequate training in screening and treating adolescents for ACEs. Such changes would facilitate early identification and treatment of adolescents' ACE victims.

Conclusion: TF-CBT is an evidence-based method to treat adolescents' victims of ACEs with self-harming behavior. Few studies were identified that connected ACEs and specific self-harming behaviors. As such, future studies include self-harm behaviors such as substance use disorder and eating disorder to determine the effectiveness of TF-CBT.

Keywords: ACE, teen, mental health, trauma-informed therapy, self-harm, holistic care, medication, and CBT care.

Introduction

Adverse childhood experiences (ACEs) have many origins, including abuse, neglect, household dysfunction, and community and environmental stressors factors. ACEs are increasingly recognized as a public health concern for outcomes detrimental to children, families, and communities. Census estimates indicate that 45 percent of children under 18 in the United States have experienced at least one ACE and that as many as one out of five children in the United States experience mental illness (Centers for Disease Control and Prevention [CDC], 2019; National Alliance on Mental Illness, 2019). In addition, the United State healthcare system spends almost $247 billion each year on youth mental illness due to the consequences for individuals, families, and communities (CDC, 2019).

Problem Description

Research studies have drawn a relationship between childhood experiences and adolescent mental illnesses (Blum et al., 2019; Crouch et al., 2019). According to the World Health Organization (2019), adverse childhood experiences account for 29.8% of all psychiatric disorders among teenagers. Witnessing violence in the home or community has been associated with youth developing depression, anxiety, and suicidal ideation (Ormel et al., 2017). In addition, self-harming behaviors, such as self-mutilation or suicide attempts, are the leading cause of death in adolescents with mental health problems (World Health Organization, 2020).

Supporting constructive mental health development in adolescents to reduce self-harm behaviors related to ACE is an objective in population health policy and for those who work directly in adolescent mental health. Self-harm can result in physical and psychological damage to the affected adolescents and be a source of distress for individuals who are close to them (Björkenstam et al., 2016). Failure to prevent self-harm in adolescents has many contributing

factors, among them inadequate perception by healthcare professionals of the mental health problems characteristic of adolescents who have experienced ACE and subsequent lack of appropriate intervention to alleviate self-harm behaviors.

The dominant philosophy in current practice is that providing medication or standardized cognitive behavior therapy (CBT) is the preferred, and perhaps only, effective way to treat youth with mental illnesses related to adverse childhood experiences. The Society of Clinical Child & Adolescent Psychology (2020) takes the position that adolescent mental health disorder medications are often effective. Cognitive-behavioral therapy (CBT) has been shown to be beneficial in the long term by teaching teenagers valuable skills that may prevent symptoms and risks from recurring after the treatment has been completed (Garber et al., 2016). Yet, youth with self-harming behavior may not benefit from taking psychoactive medications alone or with CBT treatment. Better approaches to care and treatment are crucial to mitigate the consequences of insufficient care for these adolescents, their families and communities, and society. If not addressed, the affected adolescents could experience lifetime mental illness, poor quality of life, harm to self and others, and even take their own lives.

The purpose of this integrated review is to investigate evidence-based best practices to treat adolescent victims of ACEs who engage in self-harm behavior. This knowledge can be used to inform and change current practice to reduce impairment of teenage health, prevent continuation of their conditions into adulthood, and mitigate the limitations mental health issues impose that prevent the fulfillment of their lives as adults.

PICO(T) Question

In adolescents aged 13 to 18 with ACEs (P), how does trauma-informed care intervention on cognitive behavioral therapy, medications, and therapy concordance (I) compared to usual

care with just medication or standardized cognitive behavior therapy (C) reduce self-harming behaviors of self-mutilation or suicide attempts (O)? The **T** is not applicable for this paper.

Search Methodology

To learn of evidence-based best practices for treating adolescents with self-harm related to ACEs, a keyword search based on the PICO question was conducted on the CINAHL, PubMed, APA PsychInfo, and Joanna Briggs databases. Keywords were used singly or with the Boolean operators "AND" and "OR." The keywords were ACE, *teen*, *self-injury, ACEs, mental health, self-injury, trauma-informed therapy, trauma-informed care, self-harm,* self-*injury, adverse events, adolescent, holistic care, mental illnesses, medication, teenagers, self-injury, and CBT care*.

A search for single keywords with the limitation of articles published in English between 2015 and 2021 yielded 29654 articles. When compounded keywords were used, the number returned was 2586 articles. After filters were applied for evidence-based practice, randomized studies, systematic studies, meta-analysis studies, qualitative studies, adolescents 13-18 years, and non-research studies (i.e., quality improvement studies, clinical practice guidelines, meta-analyses, systematic studies, and case-control studies) 130 articles were returned. Thirty were deemed relevant for this review. Abstracts were read, and twelve articles selected for review. The reference lists of these articles were examined as well. Ten studies were chosen and appraised with the Johns Hopkins Nursing Evidence-Based Practice Research Appraisal of Evidence tool (Dang & Dearholt, 2012). See Appendix B for the Evaluation Table.

Integrated Review of Evidence

Screening for ACEs

Early recognition of ACEs followed by behavioral interventions can help adolescents build resilience. Marsicek et al. (2019), in a qualitative study, examined use of the ACE screening tool to help clinicians assess youth exposure to ACEs. The authors determined that the tool aided clinicians in identifying at-risk adolescents and subsequently in making mental health referrals and connecting patients with community resources. A weakness in the Marsicek et al. study was time conflicts for both clinicians and patients that impacted screening. This study was ranked Level III A/B.

Usual Care and Alternative Therapies

Using a chart review approach, Lu et al. (2020) assessed the rate of suicidal thought among youth who received DBT-A compared to teenage victims of ACE who did not exhibit suicidal thoughts. The study showed youth psychiatric mental health providers prescribed DBT-A to youth victims of ACEs who presented with multiple suicidal risk symptoms. Cottrell et al. (2018) conducted a randomized control trial to compare the effectiveness of family therapy and usual care. The study demonstrated the numbers of hospital attendances for repeated self-harm events were not significantly different between the groups.

The weakness of the Lu et al. (2020) study was the small sample size and unequal gender distribution. In the Cottrell et al. (2018) study, the lack of generalizability is a weakness of the study, as only adolescents who spoke English were selected for the trial. Both studies were assessed Level 1 Good Quality.

The International Society for Traumatic Stress Studies revised its guidelines for treating post traumatic stress syndrome and could not recommend an early intervention that could treat or prevent the onset of post-traumatic stress syndrome in adolescent victims of trauma (Jensen, 2019).

Likewise, hafoori et. al (2019) published a quantitative study demonstrating the inefficacy of child-centered therapy in helping adolescents victims of ACEs in initiating and completing the treatment. In the Ghafoori et. al (2019) study, psychiatric issues were assessed retrospectively by self-report and parent-report instead of clinical interview, and standard trauma assessment was not used to assess traumatic event. This study is Level II good quality.

Medical profession has strong recommendations for treatment post-traumatic stress However, clinicians cannot wait for the adolescents' victims of trauma to develop post-traumatic syndrome to treat them. Jensen (2019) stated that studies support cognitive theory of PTSD among adolescents victims of ACEs. Disturbances in memory processing of the traumatic experiences are linked to PTSD and self-harm behavior in adolescents. When traumatic memories are insufficiently elaborated, contextualized, and integrated with other memories in adolescents, trauma is easily triggered. To help the adolescents contextualize and integrate their memory, and feel less retraumatized, TF-CBT was recommended in preventing the onset of PTSD. A weakness of the Jensen (2019) study is that the number of studies reviewed in the search was not mentioned. This study is level IV and quality C.

Ineffectiveness of Usual Care

One of the most frequent mental health interventions for adolescents aims to prevent suicide and repeated self-harm. Meeker et al. (2021) assessed differences between adolescents with and without a self-reported history of ACEs. Similar to Cottrell (2018), the Meeker et al. study found that adolescents with multiple ACEs reported three to 15 times the probability of having a wide range of violent behavior, suicidal thoughts, and substance use issues. The authors determined implementing universal trauma-responsive practices and intervention for youth strategies through a public health approach. A weakness of the Meeker et al. study is that the

result cannot be generalized because transgender students were excluded. The Meeker et al. (2021) study is Level II Good quality.

Sexual and gender minority adolescents are at increased risk for trauma specifically related to their sexual orientation, gender identity, and expression. Cohen & Ryan (2021) published a literature review study and stated that sexual and gender minority adolescents are at greater risk of trauma exposure such as stress, trauma, and self-harm ideation. Trauma-focused cognitive behavioral therapy is an evidence-based treatment for trauma-impacted adolescents and their caregivers. Cohen & Ryan suggested using the framework of TF-CBT and family acceptance project to help caregivers and transgender adolescents produce meaning out of traumatic and harmful experiences and empower caregivers to nurture their sexual and gender minority adolescents. A weakness of this study is that the number of articles reviewed in study was not mentioned. This study is level V and good quality.

Youth with four or more adverse experiences in childhood have a heightened risk of suicide. To explore evidence for treating adolescent victims of multiple ACEs who have substance use disorders, MacDonald (2020) found screening for ACEs gave adolescents an opportunity to talk about their experiences, with therapeutic effect. McDonald suggested comprehensive trauma-informed approaches to adolescents to establish a lasting recovery. A weakness of the McDonald study is the unspecified number of articles chosen in the literature. This study is Level V but High quality.

Dorsey et al. (2021) undertook a study to determine the efficacy of TFCBT for children who experienced a parental (s) death and post-traumatic stress disorder compared to usual care. The authors found that TFCBT decreased post-traumatic stress symptoms among children in Kenya and Tanzania compared to usual care, consistent with the results of the Meeker et al.

(2021) study. A potential bias limitation is the participants' awareness of the study. This study ranked Level I Good Quality.

Comprehensive Treatment Including Trauma-Informed Therapy

Trauma-informed associated with CBT is one of the integrated treatments that has shown better outcomes in decreasing self-harm behavior among teenage victims of ACEs. Through a literature review, De Bellis et al. (2019) summarized methodologies for treating depression in maltreated children and adolescents. The authors determined combination of treatment with SSRIs and CBT and a trauma-informed approach should be used for depressed maltreated youth. This recommendation was consistent with Meeker et al. (2021), who recommended behavioral therapy be combined with TFCBT to treat the externalizing disorders in maltreated depressed youth. The De Bellis et al. (2019) study ranked Level V but was determined to be High Quality.

Another comprehensive study of trauma-informed approaches was done by Norton et al. (2019) in a meta-synthesis and systematic reviews of eight qualitative studies. The researchers investigated the effectiveness of trauma-informed adventure therapy among children and families affected by abuse and neglect in the US. Norton et al. (2019) concluded that trauma-informed adventure therapy with youth and families affected by abuse decreased trauma symptoms among adolescents and improved family functioning. This recommendation was consistent with Meeker et al. (2021), who recommended implementing universal trauma-responsive practices and intervention for youth strategies victims of ACEs. A weakness of the Norton et al. (2019) study is the small sample size for a meta-analysis study. This study was ranked Level III and Good Quality.

Provider Satisfaction Through Comprehensive Trauma-informed Therapy

Provider satisfaction is a two-way affair involving the patient and the provider; the satisfaction of both parties is essential for good outcomes. Neelakantan et al. (2019) assessed and interpreted existing qualitative research to understand how adolescents and caregivers experience the content and delivery of TF-CBT. Analysis of the data showed traumatized adolescents and their caregivers had positive experiences receiving TF-CBT; this was consistent with the findings of Merkel et al. (2021). The Neelakantan et al. (2019) study's weakness is that only one author conducted screening, extraction, and appraisal of studies. The study was ranked Level II. Good quality.

Clinical Guidelines for Trauma Focus Cognitive Behavioral Therapy

The trauma-focused approach to psychotherapy was developed in the 1990s by Drs. Anthony Mannarino, Judith Cohen, and Esther Deblinger (Child Welfare Information Gateway, 2018). TF-CBT is an evidence-based treatment to help children and adolescents recover after trauma. McCauley et al. (2018) and Meeker et al. (2021) mentioned that TF-CBT addresses many effects of ACEs, including affective, cognitive, and behavioral problems, improves the caregiver's distress regarding the youth's traumatic experience. The US government's Substance Abuse and Mental Health Services Administration has recognized TF-CBT as a Model program due to its effectiveness in diverse and complex trauma experiences among the youth of different developmental stages across different cultures (CWI, 2018). This study is Level IV Good quality.

Theoretical Framework

The Iowa model of Revised Evidence-Based Practices (EBP) is an appropriate framework for this project. Marita G. Titler developed the Iowa model in the 1990s at the University of Iowa Hospitals and Clinics to enhance quality care and guide clinicians to evaluate and introduce research findings into patient care (Titler et al., 1994). The Iowa

Model was developed from Roger's theory, diffusion of innovations, and extension of the quality assurance model using research (Buckwalter et al., 2017).

The Iowa EBP model is a six-step construct (Melnyk & Fineout-Overholt, 2018): (a) assess the need for change in practice, (b) identify the best evidence by detecting the types and sources of literature, (c) critically analyzes the literature and determines the strength of the evidence, (d) designs practice change, (e) implement and evaluate the change in practice (f) integrates and maintains change in the practice. See Appendix A: Diagram of the Iowa model.

Implications for Practice

Studies of self-harm behavior in adolescents and treatment approaches suggest changes to current practices are needed to care for adolescent victims of ACEs. Increased awareness by healthcare professionals of ACEs and their consequences is a first step to encourage early screening and a positive attitude toward disclosure and treatment. Once ACEs have been identified, adequate treatment and resources are needed to prevent self-harming behavior.

To provide the best cognitive therapy to adolescents with ACEs and self-harming behavior, psychiatric mental health nurse practitioners need to be trained in proper screening and application of recommended therapies. Extending screening to schools, reproductive care clinics, STD clinics, and primary care clinics would help identify vulnerable populations for treatment. Resident-led and pediatric clinics have been identified as sites when trained practitioners can provide screening for this vulnerable population (Marsicek et al., 2019). Once screening has occurred, a smooth transition to mental health care services is necessary. Access to therapy via telemedicine or via co-located clinics would facilitate access to the help ACE victims.

Discussion

The studies selected for this paper were grouped into six categories to answer the PICOT question: (a) screening for ACEs**,** (b) usual care and alternative therapies, (c) ineffectiveness of usual care, (d) comprehensive treatment that included trauma-informed therapy, (e) provider satisfaction through comprehensive trauma-informed therapy, and (f) clinical guidelines of TF-CBT.

The studies recommended screening adolescents for ACEs to prevent complications and provide necessary resources to qualified teens. The recommendations of the McDonald study were consistent with those of Marsicek et al. (2019) regarding screening the adolescents to offer better care.

Cottrell et al. (2018) showed the rate of hospitalization was the same between patients who received family therapy and patient who received usual care the two groups. The Dorsey et al. (2021) study demonstrated that TF-CBT decreased post-traumatic stress symptoms among children compared to usual care, providing evidence that TF-CBT should be considered for adolescents victims of ACEs with self-harm behavior.

The findings answered the PICOT question and were expected: using TF-CBT is effective to decrease self-harm behavior among adolescent victims of ACEs. The comprehensive treatment studies that included trauma-informed therapy demonstrated TF-CBT increased patient satisfaction and reduced hospitalization. The conclusions of the studies have limited generalizability as only English-speaking patients were subjects of the studies. Nevertheless, the findings are strong enough to recommend a change in practice.

Conclusion

Exposure to adverse experiences in childhood is all too common. If not treated, youth who experience ACES are at heightened risk of experiencing borderline personality disorders,

impaired life quality, suicidal ideation or attempted suicide, loss of life, or self-mutilation. Warning signs of ACEs in youth need to be recognized and seen as red flag warnings for providing prompt, appropriate treatment. Timely screening has been shown to be an effective intervention and a crucial first step for treatment. Nurse practitioners trained in evidence-based approaches such as TF-CBT are needed to provide services that these youths need to recover from their experiences and attain the quality of life they deserve.

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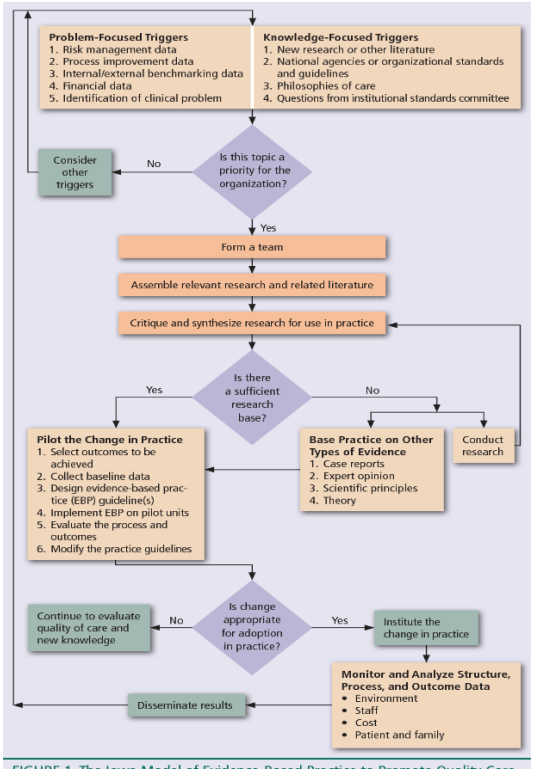
Appendix A

Iowa Evidence-Based Model



Source: Brown, C. G. (2014). The Iowa model of evidence-based practice to promote quality care: An illustrated example in oncology nursing. *Clinical Journal of Oncology Nursing, 18*(2), 157-159. https://10.1188/14.CJON.157-159

Appendix B

Evaluation Table

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Child Welfare Information Gateway (2018). *Trauma-focused cognitive-behavioral therapy: A primer for child welfare professionals*. [PDF file.] https://www.childwelfare.gov/pubpdfs/trauma.pdf							

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To provide guidelines for TC-CBT	N/A	N/A	N/A	N/A	N/A	TF-CBT is an evidence-based treatment to help children and adolescents recover after trauma. Studies done around the world have demonstrated the efficacy of improving youth's trauma symptoms and responses	Level of Evidence Level IV and Hight/Good quality Strengths The federal government's Substance Abuse and Mental Health Services Administration has recognized TF-CBT as a Model program due to its effectiveness in diverse and complex trauma experiences among the youth of different developmental stages across different cultures. Weaknesses However, TF-CBT may not be recommended or require modifications for children with primary problems that include serious conduct problems like aggressivity or destructive behaviors before the traumatic events and may respond better to an approach that focuses on resolving these problems first. Feasibility The TF-CBT can be applied to treat teenagers' victims ACEs with self-harm behaviors Conclusion(s) Studies done around the world have demonstrated the efficacy of

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
							improving youth's trauma symptoms and responses. TF-CBT is a structured treatment model that significantly enhances the diversity of trauma-related outcomes in 8-25 sessions with the child and caregiver Recommendation(s) Not provided

Definition of abbreviations:

-TC-CBT: Trauma focused cognitive behavioral therapy

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Cohen, J., & Ryan, C. (2021). The trauma-focused CBT and family acceptance project: An integrated framework for children and youth. *Psychiatric Times*, *38*(6), 15–17. https://familyproject.sfsu.edu/sites/default/files/TF-CBT_Psychiatric%20Times_6-21.pdf							
To demonstrate that trauma-FC-CBT and FAP is integrated Framework that can be used for sexual and gender minority youth	N/A	N/A/ United State	N/A	N/A	N/A	TF-CBT and FAP's integrated framework that offers a pathway to healing and recovery that strengthens families and engages caregivers as collaborators for their SGM children.	**Level of Evidence** Level: IV Quality: High quality **Strength** The study demonstrated a integrative therapy can be used to the adolescents **Weakness** -This study is an expert opinion -The number of articles included in this was mentioned study **Feasibility** The framework of TF-CBT and FAP can be used to prevent self-harming among SGM **Conclusions** TF-CBT and FAP help caregivers

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
							and adolescents to create meaning of traumatic and harmful experiences and empower caregivers to nurture the adolescents **Recommendations** Other studies such as randomized control quantitative studies need to be done to determine the effectiveness of the framework in decreasing SH behavior the SGM adolescents

Definition of abbreviations:
-TF-CBT: Trauma focus cognitive behavioral therapy
-FAP: Family acceptance project
-SGM: Sexual and gender minority
-SH: Self-harm

Purpose of Article or Review	Design / Method / Conceptual Framework	Sample / Setting	Major Variables Studied (and their Definitions)	Measurement of Major Variables	Data Analysis	Study Findings	Level of Evidence (Critical Appraisal Score) / Worth to Practice / Strengths and Weaknesses / Feasibility / Conclusion(s) / Recommendation(s) /
APA Reference: Cottrell, D. J., Wright-Hughes, A., Collinson, M., Boston, P., Eisler, I., Fortune, S., Graham, E. H., Green, J., House, A. O., Kerfoot, M., Owens, D. W., Saloniki, E.-C., Simic, M., Lambert, F., Rothwell, J., Tubeuf, S., & Farrin, A. J. (2018). Effectiveness of systemic family therapy versus treatment as usual for young people after self-harm: A pragmatic, phase 3, multicentre, randomised controlled trial. *The Lancet Psychiatry*, *5*(3), 203–216. https://doi.org/10.1016/S2215-0366(18)30058-0							
To compare the effectiveness of family therapy versus treatment as usual	A quantitative randomized controlled trial	832 youth - Family therapy (n=415) - Treatment as usual (n=417) United Kingdom	-Repetition of self-harm leading to hospital attendance in the 18 months after a group assignment. -Secondary outcomes were repetitions of self-harm leading to hospital attendance in the 12 months after the group assignment	Questionnaires for: -Suicide ideation -Quality of life -Depression -Mental health -Family functioning -Self-harm -Emotional traits -Health economics -Engagement with therapy	-Cox's proportional hazards -Kaplan–Meier curves - QALYs	Numbers of hospital attendances for repeated self-harm events were not significantly different between the groups	**Level of Evidence** Level I and Good quality **Strengths** -It is a randomized control study -The study offers some evidence that family therapy has a positive effect on general emotional and behavioral problems and might reduce suicidal ideation quicker than treatment as usual **Weaknesses** -The findings might not be generalized to the adolescents who presented to the hospital after the first episode of self-harm -The only adolescents who speak English were selected for the trial. **Feasibility**

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							-It is a randomized control trial with a bigger size population **Conclusion(s)** -In young with repeated self-harmed there were no clinical or cost benefits for family therapy over treatment as usual in terms of hospital attendance for subsequent repetition of self-harm -For interventions where the whole family was assessed, and more than one person participated in the treatment, the study determined that family therapy was cost-effective compared to usual care **Recommendations** Longer follow-up studies are needed to determine the cost-effectiveness benefit of family therapy over usual care for adolescents with self-haring behaviors

Definition of abbreviations:
-CAMHS: Child and Adolescent Mental Health Services centers
-QALYs: Quality-adjusted life-years

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APA Reference: De Bellis, M. D., Nooner, K. B., Scheid, J. M., & Cohen, J. A. (2019). Depression in maltreated children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*, *28*(3), 289–302. https://doi.org/10.1016/j.chc.2019.02.002							
To summarize methodologies for the treatment of depression in maltreated children and adolescents	Literature review of qualitative studies	US	-PTSD -Major -Depressive disorder -ADHD -Separation anxiety disorder -Generalized anxiety disorder - Different types of traumas and adverse life events, including various types of child abuse and neglect -Psychiatric disorders in preschool children	-Child PTSD Symptom Scale for DSM-5 - UCLA PTSD Reaction Index for DSM-5 - Trauma Symptom Checklist for Children - The Child and Adolescent Psychiatric Assessment - Childhood Trauma overall mental health Questionnaire - K-SADS-PL for DSM-5	None	Through family therapy, the TF-CBT risk reduction has shown to reduce substance abuse and trauma symptoms in traumatized youth significantly	**Level of evidence:** Level V and High quality **Strength:** - The study methodologically sounds like peer-reviewed articles and meta-analysis to determine the best treatment for adolescent victims of ACEs with mental health illnesses. **Weakness:** -The study did not specify how many articles were collected **Feasibility**: Guidelines in this article can be used in clinical practice for the treatment of depression among children with ACEs **Conclusion**: A compound of treatment with SSRIs and CBT with a trauma-informed approach should be considered for depressed maltreated youth. In addition, behavioral therapy needs to be combined with TF-CBT to treat the externalizing

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							disorders in maltreated depressed youth. **Recommendation:** Randomized clinical trials of depressed maltreated youth are needed to make progress in helping maltreated youth to recover

Definition of abbreviations:
-K-SADS-PL: Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime
-UCLA PTSD: The University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index for DSM
-Child PTSD Symptom Scale: Child post-traumatic stress disorder
-US. United State

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APA Reference: Dorsey, S., Lucid, L., Martin, P., King, K. M., O'Donnell, K., Murray, L. K., Wasonga, A. I., Itemba, D. K., Cohen, J. A., Manongi, R., & Whetten, K. (2020). Effectiveness of task-shifted trauma-focused cognitive behavioral therapy for children who experienced parental death and post-traumatic stress in Kenya and Tanzania: A randomized clinical trial. *JAMA Psychiatry, 77*(5), 464–473. https://doi.org/10.1001/jamapsychiatry.2019.4475							
To test the efficacy of trauma-focused cognitive behavioral therapy (TFCBT) for children who Experienced a parental (s) death and post-traumatic stress disorder compared to usual care (UC).	A Quantitative randomized clinical trial	640 children: -320 Assigned to TF-CBT - 320 Assigned to UC control In the neighboring East African nations of Tanzania and Kenya	- Functioning measure -Post-traumatic stress (PTS) that include avoidance, re-experiencing, and hyperarousal) related to parental death -Prolonged grief	-Questions from health surveys and a 5-country longitudinal orphan study. -Question from the 36-question Medical Outcomes Short Form -14-item knowledge test measured counselors' TF-CBT -Life Events Checklist measured exposure to the traumatic event -17-item Child PTSD Symptom Scale measured PST -The 28-item Inventory of Complicated Grief	-Demographic characteristics -Power statistical test -Cohen d -Correlation coefficients -Multilevel models	TFCBT efficiently decreased post-traumatic stress symptoms among children in Kenya and Tanzania compared to UC	**Level of evidence**: Level I **Quality:** Good Quality **Strength**: -It was a single-blind study -It is the largest TF-CBT RCT -The sample had a large number of children -Is the first study of TF-CBT in LMICs assessing the 12-months follow-up effect. **Weakness**: -Participants were aware of the assignment, which could lead to bias -Local supervisors were skilled with TF-CBT expertise, which would not be available everywhere else. -The study could not determine why children in the UC condition in Tanzania had improvement. -There was counselor turnover in Tanzania. -The study cannot be generalized because it was done in children living in a home or family-like environment.

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							-Transportation compensation was supplied, which could increase the attendance rates of participants. **Feasibility**: -The study is Feasible. It is Level I of good quality. **Conclusion**: After treatment, TF-CBT was effective in three of four sites in Kenya and Tanzania. At the 12-month follow-up, TF-CBT was more effective only in children experiencing significant stress **Recommendation**: There is a need for treatment studies with prolonged follow-up and inclusion of children in variable contexts to understand which children need treatment and cannot improve without it.

Definition of abbreviations:
LMICs: Low- and middle-income countries

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APA Reference: Ghafoori, B., Garfin, D. R., Ramírez, J., & Su Fern Khoo. (2019). Predictors of treatment initiation, completion, and selection among youth offered trauma-informed care. Psychological Trauma: Theory, Research, Practice & Policy, 11(7), 767–774. https://doi.org/10.1037/tra0000460							
To investigate factors associated with initiation, completion, and selection of treatment among adolescent victims of ACEs who were seeking care using TF-CBT and CCT	Quantitative nonrandomized clinical trial	128 adolescents/ California	-TF-CBT -CCT -Sexual and physical assault (including human trafficking) -Domestic violence -Other assault including stabbing, shooting, and vehicular assault, family of a crime victim - Traumatic loss.	-CBCL - Treatment initiation: Atten-dance at the first TIC therapy session -Treatment completion: Attend at least 8 therapy sessions - Treatment selection of TF-CBT or CCT	- Descriptive statistics were calculated using SPSS 24.0 -Chi-square - Logistic regression analyses	Youth assigned to TF-CBT were more likely to complete treatment compared with those assigned to CCT	**Level of evidence**: **Level: II** **Quality:** High quality **Strength** -The study demonstrates that clinicians can use TFC-CBT to youth exposed to crime and violence - The study is an essential preliminary step in exploring factors associated with treatment engagement in TIC **Weakness:** -Psychiatric issues were assessed retrospectively by self-report and parent-report instead clinical interview. -Standard trauma assessment was not used to assess traumatic event **Feasibility:** The study can be replicated to help the adolescent finish their treatment

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							using TF-CBT. **Conclusion** TF-CBT was correlated with increased likelihood of treatment completion and some patient characteristics predicted selection of treatment type by therapists **Recommendation:** **-A**dditional research is needed to examines predictors of TIC therapy initiation and completion. -TF-CBT was associated with higher completion rates in this study, but future research is essential to understand the mechanism of action in this association. -The specific components of TF-CBT compared with CCT need further investigation.

Definition of abbreviations:
TIC: Trauma informed care
CCT: Child-centered therapy
CBCL: Child emotional and behavior problems.
Treatment initiation, completion, and selection variables

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APA Reference: Jensen, T. K. (2019). Commentary: I thought I was going to die, and the world is not safe—how to help children recover after trauma? *Journal of Child Psychology & Psychiatry*, *60*(8), 885–887. https://doi.org/10.1111/jcpp.13081							
How to help children recover after trauma To demonstrate that TCT can be used to children after trauma	It a commentary literature	N/A	N/A	N/A	N/A	TCT should be used to prevent further suffering among children experiencing trauma	**Critical Appraisal evidence**: **Level**: IV **Quality:** C **Strength** -The study indicate the need of using TCT for adolescents victims of trauma to prevent the onset of PTSD using TCT **Weakness** It is a commentary paper/ a point of view paper **Feasibility** -The study is level V quality C **Conclusion** Healthcare professionals may not be able to stop adolescents from experiencing trauma, but intervening in a manner that prevent further suffering using TFT should be a primary focus

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							Recommendation -More studies on TCT with a clear aims and objectives should be conducted.

Definition of abbreviations:

TFT: Trauma-focused treatment

PTSD: Post traumatic stress disorder

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APA Reference: Lu, J., Dyce, L., Hughes, D., DeBono, T., Cometto, J., & Boylan, K. (2020). Outpatient psychiatric care for youth with suicide risk: Who is offered dialectical behavioural therapy? *Child & Youth Care Forum*, *49*(6), 839–852. https://doi.org/10.1007/s10566-020-09560-7							
This study assessed the rate of suicidal youth who received DBT-A in an outpatient youth psychiatric clinic compared to teenagers who did not.	Case-control study	Sample: 44 youth: -21 offered DBT-A. -23 not offered DBT-A. Setting: United State	1.Suicide risk profile 2. Environmental risk factor exposure 3.Psychiatric Diagnoses: 4.Treatment history	1. To measure Suicide risk profile -SA -SI -NSSI 2. To measure environmental risks ACEs: -Traumatic events, -Involvement with child protection Services -Physical, emotional, or sexual abuse -Family psychiatric history -Prenatal drug exposures) 3. To determine Psychiatric Diagnoses -List of diagnoses by a provider:	-Demographic data -Chi-square -Fisher's exact tests -T-test	Youth offered DBT-A reported more types of adverse childhood experiences compared to those who were not provided DBT-A.	**Critical Appraisal Score**: Level I Good quality **Strengths** -It is a detailed review study in a complicated clinical population. -Clinician had sufficient resources to offer DBT-A to patients **Weaknesses** -The sample size was small -The study needs replication for confidence in the result obtained -There was an unequal distribution of boys or girls in the study -The current information on the participants was done only from the patient chart. -The severity and frequency of the grouping variables (SI, NSSI, and SA) could not be accurate

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				4. To determine treatment history -Psychotherapies (DBT, CBT, family therapy, in-home therapy, parent therapy) -Pharmacotherapies (individual meds trialed, number of drug classes)			**Feasibility** Yes, the study because it demonstrates a group of the population that needs DBT-A **Conclusion** Youth psychiatric mental health providers prescribed DBT-A to youth victims of ACEs who report multiple suicidal risk symptoms **Recommendations** Studies are needed to determine priority for DBT to go to clients in most need, for example, suicide risk) because of the limited supply for the demand.

Definition of abbreviations:
- DBT-A: Dialectical behavior therapy for adolescents
- NSSI: Non-suicidal self-injury
- SI: Suicide ideation
-ACEs: Adverse childhood experiences
-SA: Suicide attempts

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APA Reference: Marsicek, S. M., Morrison, J. M., Manikonda, N., O'Halleran, M., Spoehr-Labutta, Z., & Brinn, M. (2019). Implementing standardized screening for adverse childhood experiences in a pediatric resident continuity clinic. *Pediatric Quality & Safety, 4*(2), e154. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6494230/pdf/pqs-4-e154.pdf							
To implement a standardized ACEs screening tool to help clinicians assess youth exposure to ACEs and improve the screening for ACEs from 0% to 80% of children presenting for yearly well-child visits	Qualitative, QI study	24 clinicians	-Resident, faculty, and staff-focused educational lectures, simulation, and process changes to screen ACEs -Assess resident physicians and faculty experiences with ACEs screening	Survey	-Descriptive statistics - Wilcoxon rank-sum test	Providers increased screening of ACEs among children from 0% to 60%. - Using ACEs screening tool, clinicians were able to identify high-risk children and provide resources like mental health referrals, and information on community resources	**Level of Evidence** Level III A/B High/Good quality **Strengths** The study implemented yearly screening of ACEs in residency program to help to combat ACEs from a provider standpoint **Weaknesses** -Time conflicts for healthcare providers and families may have affected screening rates - Some forms of completed screens were lost or thrown out **Feasibility** The study is feasible to decrease ACEs among adolescents. **Conclusion(s)** Patients can be screened in a resident-led, general pediatric clinic

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							using a standardized ACEs screening tool to identify patients with a high risk of ACE scores. Also, educating the provider on implementing the ACEs tool may improve providers' comfort screening for ACEs. **Recommendation** The screening did not result in in a considerable change in provider familiarity with the scientific findings of the ACEs study or self-reported comfort level discussing the abuse with patients. Future interventions with more frequent educational meetings and a more rigorous simulation may result in substantial improvements.

Definition of abbreviations:
-ACEs: Adverse childhood experiences

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APA Reference: McDonald, M. J. (2020). Adverse childhood experience and substance use disorder: Exploring connections and trauma-informed care. *International Journal of Child Health & Human Development, 13*(4), 383-387. https://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=17&sid=8156cdf9-ff4d-4f50-96a7-98af8db9fd04%40sessionmgr103							
To determine the best treatment for Adverse childhood experience and substance use disorder.	Literature review	Kentucky	None	None	None	-ACEs are quantifiable with scores from 1 to 10. -Adolescents with four or more ACEs have shown a four to twelve times increase in suicide attempts - Screening for traumatic experiences can be helpful to catch ACEs that were previously undiagnosed - The screening can be therapeutic, functioning as an	LEVEL V High quality **Strengths** **The study demonstrates the need to use trauma approaches to treat adolescents, victims of ACEs, with suicidal thoughts and SUD.** **Weaknesses** -The number of studies collected for the literature review article is not mentioned -There are not recommendations for the study **Feasibility** The study is practical. It demonstrates the use of a trauma-informed approach to care for adolescents victims of ACEs **Conclusion(s)** Untreated ACEs can lead to considerable health effects later in life. ACEs increase the risk for depression, suicide, and SUD. A

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						opportunity to talk about trauma and its potential effects on current health status	trauma-informed approach should be considered for adolescents victims of ACEs with self-injury behavior and SUD to promote long and lasting recovery. **Recommendation(s)** Not provided

Definition of abbreviations:
-SUD: Substance use disorder

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APA Reference: Meeker, E. C., O'Connor, B. C., Kelly, L. M., Hodgeman, D. D., Scheel-Jones, A. H., & Berbary, C. (2021). The Impact of adverse childhood experiences on adolescent health risk indicators in a community sample. *Psychological Trauma: Theory, Research, Practice & Policy*, *13*(3), 302–312. https://doi.org/10.1037/tra0001004							
The study assessed differences in self-reported mental health, non-suicidal self-injury, suicidality, violence, and substance use between adolescents without a self-reported history of ACEs compared to the adolescent with one or more self-reported ACEs.	It is cross-sectional design	1,532 adolescents Western New York	**I. Ten ACEs:** 1. Not living with both parents 2.Living with someone with mental health problems 3.Living with someone with substance use or gambling problems 4.Household member history of jail or prison 5.Experienced verbal abuse 6. Experienced sexual abuse, 7.Experienced physical abuse 8.Family does not give required help or support 9.History of not having enough money for basic family needs 10.History of adults in the home involved in physical	- YRBS survey and questions -Violence item responses	-Demographic data -Standard descriptive statistics	Adolescents with several ACEs reported three to 15 times the probabilities of having a wide range of mental health, violence, suicidal thoughts, and substance use histories.	**Level of Evidence** Level II Good quality **Strengths** -It is a detailed chart review study with a complicated clinical population. -The study has substantial implications for a universal prevention approach that is founded on trauma-responsive practices and intervention for adolescents **Weaknesses** -The study cannot be generalized because transgender students were excluded, and the study was conducted in English. -The persistence of ACEs among participants was not assessed -The type of ACEs was not examined **Conclusion(s)**

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			altercations. **II. Health Risk Indicators** -Mental health -Non-suicidal self-injury ---Suicidality -Substance use and violence **III. Violence**				-Youth with several ACEs have a significant likelihood of mental health issues: suicidal thoughts, substance use, and aggression than youth without ACEs. The most important divergence between adolescents with multiple ACEs and youth without ACEs was suicidality, like suicide attempts and suicidal ideation and violence such as weapon and gun possession. - Integrated treatments that included a trauma-informed practice for mental health, substance use, and aggression for youth trauma survivors are indicated. **Recommendation** -Subsequent studies should incorporate transgender students to estimate the relationship between transgender and ACEs -Future studies should test the impact of resilience factors between ACEs and health indicators of ACEs

Definition of abbreviations:
-YRBS: Risk Behavior Survey

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APA Reference: Neelakantan, L., Hetrick, S., & Michelson, D. (2019). Users' experiences of trauma-focused cognitive behavioural therapy for children and adolescents: a systematic review and metasynthesis of qualitative research. *European Child & Adolescent Psychiatry*, *28*(7), 877–897. https://doi.org/10.1007/s00787-018-1150-z							
To assess and interpret existing qualitative research to create new perceptions of how adolescents and caregivers experience the content and delivery of TF-CBT	Meta-synthesis and systematic reviews of qualitative articles/ ENTREQ framework	Eight studies/ United Kingdom	-Users' experiences of TF-CBT, including their perceptions of different components of TF-CBT -Barriers and facilitators to positive outcomes -Whether treatment was ultimately helpful	-Survey - Sem-structured interview	-Thematic synthesis methodology - EPPI-Reviewer - Analytical themes	**Study Findings:** Youth and caregivers believed that a trauma narrative was helpful for recovery. In addition, cognitive-behavioral coping techniques were useful during treatment and in the long term.	**Level of evidence**: Level II and High/Good quality **Strength**s -It is the first systematic and meta-synthesis study of adolescent and caregivers' experiences of TF-CBT. -Themes emerging from this study are consistent and transparent, with broad applicability of the result **Weakness**: -Only English published literature was collected -Screening, extraction, and appraisal of studies were conducted by one author -There is a lack of evidence from specific sub-populations like younger children and participants who dropped out of treatment **Feasibility** - The result is based on an empirical process, and it can be used in experimental research. **Conclusion**:

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							-Traumatized adolescent and their caregivers had positive experiences receiving TF-CBT. -Engagement challenges can be addressed through sensitive pacing and efforts to address the needs of participants **Recommendation**: -Assessment of therapists' experiences of TF-CBT and youth who dropped the treatment would provide understandings for the implementation of TF-CBT. -Further studies with pre-adolescents would help insight into the developmental influences of the treatment experience across ages.

Definition of abbreviations:
-ENTREQ framework: Enhancing Transparency of Reporting the Synthesis of Qualitative Research framework

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APA Reference: Norton, C. L., Tucker, A., Farnham-Stratton, M., Borroel, F., & Pelletier, A. (2019). Family enrichment adventure therapy: A mixed methods study examining the impact of trauma-informed adventure therapy on children and families affected by abuse. *Journal of Child & Adolescent Trauma*, *12*(1), 85–95. https://doi.org/10.1007/s40653-017-0133-4							
To examine if Trauma-informed adventure therapy is an effective mental health intervention for child and adolescent survivors of ACEs and families affected by abuse and neglect.	Mixed methods with quantitative, quasi-experimental, and qualitative studies	US/ -Patients: 50 -Control:14	-Adventure therapy intervention	-A reduction in child trauma symptoms and improved family functioning measured by TSCC, FAD, and qualitative data gathered via family focus groups	-Chi-square analyses - Textual and thematic analysis. - Statistical significance	Trauma-informed adventure therapy with youth and families affected by abuse decreases trauma symptoms in adolescence and improves family functioning related to communication, closeness, and problem-solving skills.	**Level of evidence**: -Level III and good quality **Strength:** -This study motivates practitioners to work with children and families who have experienced trauma to consider adventure therapy trauma-informed intervention to reduce trauma symptoms and improve family functioning **Weakness:** -Small sample size -Quasi-experimental design. -The quasi-experimental design did not have a random selection of participants and lacked a control group. **Feasibility**: -Research demonstrates that adventure therapy trauma-informed intervention can reduce trauma symptoms and improve family functioning primarily in communication, closeness, and problem-solving skills

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							Conclusion: -A trauma-informed approach is required to work with youth and families affected by abuse with significant cognitive, affective, and behavioral health issues. - Providing trauma-informed adventure therapy to children victims of ACEs and their family can help rebuild trust, promote a sense of safety, and encourage positive feelings about the world once again **Recommendation:** Data collection for this study happened only for three months. Future studies should examine the lasting impact of trauma-informed adventure therapy on families rather than a pre-to-post test

Definition of abbreviation
-TSCC: Trauma Symptom Checklist for Children
- FAD: Family Assessment Device
-US: UNITED State