

## EVIDENCE FOR THE EFFECTIVENESS OF CHILD AND ADOLESCENT PSYCHOTHERAPY<sup>1</sup>

**The systematic review of the evidence base for psychoanalytic child and adolescent psychotherapy carried out in 2004 by Dr Eilis Kennedy<sup>2</sup> identified 32 distinct research studies that were of a sufficiently high quality to be considered appropriate for drawing conclusions about the efficacy of this form of treatment (including six randomised controlled trials).**

Kennedy (2004) noted that ‘a vast majority of studies were undertaken in clinically referred samples rather than samples recruited for research’, involving children with a range of diagnoses or problems and involving well-trained psychotherapists. This would indicate that the findings are likely to have relevance to the ‘real world’ setting.

This is significant because many studies used to support “evidence based interventions” are based on recruited samples with patients selected because they fit a particular diagnosis. Children with complex problems or co-morbid presentations are often excluded from studies but these are precisely the kind of children increasingly seen in CAMHS and referred to CAPts. .

The systematic review suggested that many of the children studied had high levels of clinical disturbance, and most of the studies made use of a broad range of outcome measures, including standardized psychiatric and psychological measures. Most studies were of children presenting with a range of difficulties, rather than one specific diagnostic group, although some studies also focused more specifically on particular diagnostic categories. Unusually, many of the studies (20) included a long-term follow-up, ranging from one and a half to 40 years.

Some of the key findings are outlined in the table below:

### **Summary of Evidence of Effectiveness**

- ✓ Overall, beneficial effects were shown on a broad range of outcome measures, for children with a wide range of psychological disorders.
- ✓ Several studies indicated that improvements were sustained or even enhanced at long-term follow up, suggesting the possibility of a ‘sleeper effect’ in psychoanalytic treatments. (Trowell et al., 2002, 2007; Muratori et al., 2002, 2003)
- ✓ Follow-up into adulthood indicated the important long-term impact of psychoanalytic treatment in childhood, both in terms of objective measures and the former client’s own perspective (Schachter 2004; Schachter and Target, in press; Midgley & Target, 2005; Midgley et al., 2006)
- ✓ Some studies suggest that younger children are more likely to improve with treatment (Fonagy and Target 1994; Target and Fonagy 1994a, 1994b), and that work with parents or families alongside the individual treatment was an important component of the treatment (Szapocznik 1989).

<sup>1</sup> This paper is based on the text of Midgley N (in press).

<sup>2</sup> Dr Kennedy is a Consultant Child and Adolescent Psychiatrist and conducted the review independently on behalf of the North Central London SHA

- ✓ Evidence was also found to support the effectiveness of treatment with adolescents and young adults (Baruch 1995; Baruch et al., 1998; Sinha and Kapur 1999; Gerber, 2004)
- ✓ Children with less severe levels of disturbance appear to respond equally well to less intensive (e.g. weekly) or short-term treatment as to more intensive (e.g. 3 times weekly) or longer-term treatment. (Muratori et al., 2002, 2003; Smyrnios and Kirkby, 1993; Fonagy and Target 1994)
- ✓ Children with more severe levels of disturbance, if they are to show improvement, appear to respond to more intensive treatment. Such improvement is especially noted at the point of long-term follow-up. (Lush et al., 1998; Schachter and Target, in press; Heinicke and Ramsay-Klee, 1986)
- ✓ Broadly speaking, children with emotional/internalising disorders appeared to respond to psychoanalytic psychotherapy better than children with disruptive/externalizing disorders. (Baruch et al., 1998; Fonagy and Target 1996; Muratori et al., 2002, 2003)
- ✓ Specific studies identified evidence for effectiveness with specific groups of children, including those suffering from:
  - depression** (Target and Fonagy 1994b; Trowell et al., 2007; Horn et al., 2005)
  - anxiety disorders** (Target and Fonagy, 1994a; Kronmuller et al., 2005)
  - behaviour disorders** (Kronmuller, 2006)
  - personality disorder** (Gerber, 2004)
  - specific learning difficulties** (Heinicke and Ramsey-Klee, 1986)
  - pervasive developmental disorders** (Alonim, 2003; Reid et al., 2001)
  - eating disorders** (Robin et al., 1999, Vilvisk and Vagnum, 1990)
  - severely deprived children and children in foster care** (Lush et al., 1998)
  - sexually abused girls** (Trowell et al., 2002)
  - children with poorly controlled diabetes** (Moran et al., 1991).
- ✓ Some studies identified possible adverse effects of treatment, e.g. if inadequate treatment is provided for severe levels of disturbance (Target and Fonagy 2002) or, in one study, if individual therapy is offered without concurrent parent or family work (Szapokznik et al., 1989)

### There is evidence for the effectiveness of child and adolescent psychotherapy.

Child and Adolescent Psychotherapists are actively engaged in research and the development of evidence based practice<sup>3</sup>. It should be recognised though that there are significant limitations to the research used to evaluate all forms of psychotherapy and questions still remain about how well such findings can be translated to the actual clinical setting<sup>4</sup>. The above summary indicates that there is a small, but growing, body of evidence that suggests that a preliminary assertion can be made that child and adolescent psychotherapy is effective and that beneficial outcomes for a range of children and young people have been independently verified.

<sup>3</sup> See Kennedy & Midgley's (2007) review of process and outcome research in child, adolescent and parent-infant psychotherapy which demonstrates the range and scope of active research by child psychotherapists into illuminating how and why therapeutic interventions lead to change.

<sup>4</sup> The findings of efficacy studies carried out in artificial research settings are often very different from "naturalistic" studies carried out in real services therefore making the results of some studies that claim to demonstrate effectiveness of limited relevance to decisions about clinical services.

## REFERENCES

- ALONIM H (2004) The Mifne Method – ISRAEL: Early intervention in the treatment of autism/PDD: A therapeutic programme for the nuclear family and their child. *Journal of Child and Adolescent Mental Health*, 16, 39–43.
- BARUCH G (1995) Evaluating the outcome of a community-based psychoanalytic psychotherapy service for young people between 12-25 years old: work in progress. *Psychoanalytic Psychotherapy* 9(3): 243-267
- BARUCH G et al (1998) Evaluating the outcome of a community-based psychoanalytic psychotherapy service for young people: one year repeated follow up. In DAVENHILL & PATRICK (eds) *Rethinking Clinical Audit*. London, Routledge, pp 157-182
- FONAGY P and TARGET M (1994) The efficacy of psychoanalysis for children with disruptive disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33:45-55
- FONAGY P and TARGET M (1996) Predictors of outcome in child psychoanalysis: a retrospective study of 793 cases at the Anna Freud Centre. *Journal of the American Psychoanalytic Association*, 44:27-73
- GERBER A (2004) *Structural and symptomatic change in psychoanalysis and psychodynamic psychotherapy: a quantitative study of process, outcome and attachment*. Unpublished PhD thesis, University College London
- HEINICKE CM and RAMSEY-KLEE DM (1986) Outcome of child psychotherapy as a function of frequency of session. *Journal of the American Academy of Psychiatry* 25:247-253
- HORN et al (2005). Efficacy of short term psychotherapy for children and adolescents with depression. *Praxis Kinderpsychol Kinderpsychiatr*, 54 (7), 578-97.
- KENNEDY, E (2004). *Child and Adolescent Psychotherapy: A Systematic Review of Psychoanalytic Approaches*. London: North Central London SHA. A pdf version is available at [www.nscap.org.uk](http://www.nscap.org.uk)
- KENNEDY, E. & MIDGLEY, N. (Eds.) (2007). *Process & Outcome Research in Child, Adolescent and Parent-Infant Psychotherapy: A Thematic Review*. London: NHS London. A pdf version is available at [www.nscap.org.uk](http://www.nscap.org.uk)
- KRONMULLER K et al (2005) Efficacy of psychodynamic short term psychotherapy for children and adolescents with anxiety disorders. *Praxis Kinderpsychol Kinderpsychiatr*, 54(7), 559-577
- KRONMULLER K (2006) *Outcome of the Heidelberg Study – Research on working with children and adolescents in long-term psychoanalytic psychotherapy*. Paper presented at the European Federation of Psychoanalytic Psychotherapy Conference, Berlin
- LUSH D et al (1998) Psychoanalytic psychotherapy with disturbed adopted and fostered children: a single case follow-up study. *Clinical Child Psychology and Psychiatry*, 3(1), 51-69
- MIDGLEY N. (in press) Research in child and adolescent psychotherapy: an overview, in LANYADO M AND HORNE A (eds.) *The Handbook of Child and Adolescent Psychotherapy. Psychoanalytic Approaches*. 2nd edition. London: Routledge.
- MIDGLEY N and TARGET M (2005) Recollections of being in child psychoanalysis: a qualitative study of a long-term follow-up study. *Psychoanalytic Study of the Child*, 60, 157-177
- MIDGLEY N et al (2006) The outcome of child psychoanalysis from the patient's point of view: a qualitative analysis of a long-term follow-up study. *Psychology and Psychotherapy: Theory, Practice, Research*, 79, 257-269.

- MORAN G S et al (1991) A controlled study of the psychoanalytic treatment of brittle diabetes. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30 (6), 926-935
- MURATORI F et al (2002) Efficacy of brief psychodynamic psychotherapy for children with emotional disorders. *Psychotherapy and Psychosomatics*, 71(1), 28-38
- MURATORI F et al (2003) A two-year follow-up of psychodynamic psychotherapy for internalizing disorders in children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(3), 331-339
- REID S et al (2001) The Tavistock autism workshop approach: Assessment, treatment and research. In RICHER & COATES (eds), *Autism-the search for coherence* (pp 182-192) London: Jessica Kingsley
- ROBIN A et al (1999) A controlled comparison of family versus individual psychotherapy for adolescents with anorexia nervosa. *Journal of American Academy of Child and Adolescent Psychiatry*, 38(12), 1482-1489
- SCHACHTER A and TARGET M (in press) The adult outcome of child psychoanalysis: The Anna Freud Centre long-term follow-up study. in MIDGLEY N, ANDERSON J, GRAINGER E, NESIC-VUCKOVIC T AND URWIN C (eds) (in press) *Child Psychotherapy and Research. New Approaches, Emerging Findings*. London: Routledge.
- SINHA UK and KAPUR M (1999) Psychotherapy with emotionally disturbed adolescent boys: Outcome and process study. *National Institute of Mental Health and Neuro Sciences Journal (NIMHANS)*, 17(2), 113-30
- SMYRNIOS KX and KIRBY RJ (1993) Long term comparison of brief versus unlimited psychotherapy treatments with children and their parents. *Journal of Consulting and Clinical Psychology*. 61(6), 1030-1027
- SZAPOCZNICK J et al (1989) Structural family versus psychodynamic child therapy for problematic Hispanic boys. *Journal of Consulting and Clinical Psychology*. 57(5), 571-578
- TARGET M and FONAGY P (1994a) The efficacy of psychoanalysis for children with emotional disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*. 33(8), 361-71
- TARGET M and FONAGY P (1994b) The efficacy of child psychoanalysis for children: Prediction of outcome in a developmental context. *Journal of the American Academy of Child and Adolescent Psychiatry*. 33(8), 1134-44
- TARGET M and FONAGY P (2002) Anna Freud Centre studies 3: The long term follow-up of child analytic treatments (AFC3). In FONAGY (ed) *An open door review of outcome studies in psychoanalysis (2nd Ed)* (pp 141-146) London: International Psychoanalytic Association.
- TROWELL J et al (2002) Psychotherapy for sexually abused girls: psychopathological outcome findings and patterns of change. *British Journal of Psychiatry*. 180, 234-247
- TROWELL J et al (2007) Childhood depression: a place for psychotherapy. An outcome study comparing individual psychodynamic psychotherapy and family therapy. *European Child & Adolescent Psychiatry*. 16 (3) 157-167.
- VILVISK SO and VAGNUM P (1990 ) Teenage Anorexia Nervosa: A 1-9 year follow up after psychodynamic treatment. *Nord Psykiatr Tidsskr*. 44, 249-255