is child psychotherapy effective for children and young people?

a summary of the research

The Child Psychotherapy Trust
is dedicated to improving the lives of emotionally damaged children by increasing their access to effective child and adolescent psychotherapy services

contents

acknowledgements

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1 introduction

Developing appropriate and effective mental health services for children is one of the most important challenges facing health authorities and primary care groups. However, the lack of systematic research about interventions for children and young people means that there is little evidence about which interventions are effective. The strategic review of psychotherapy undertaken for the Department of Health (1996) points out that the lack of evidence does not mean that interventions are not effective, just that we need to undertake research to find out if they are.

Child psychotherapists work with mental health teams in assessing children and providing support and consultation to other professionals working with children. In addition they provide treatment for children with severe problems, where other interventions have failed to help them. The contribution that child psychotherapy services can make to mental health is outlined in *With children in mind: how child psychotherapy contributes to mental health services for children and young people* produced by the Child Psychotherapy Trust.

Meta-analysis of outcome studies of all types of child psychotherapy, including psychoanalytic, have shown that psychotherapeutic treatments for children are associated with significant improvements (Weisz *et al*, 1987). Overall children and young people who have received psycho-therapy show more trust, confidence, age-appropriate behaviour and a greater awareness and concern for other people than those who have not received treatment.

We also know some of the circumstances that may lead to effective psychotherapy:

- Younger children are likely to show larger changes than older ones and are more likely to be well at the end of treatment.
- Young people may make greatest improvement in the first six months of treatment. Longer treatment may be required for entrenched personality problems and social difficulties.
- Older children and young people who refer themselves to services have better outcomes than those referred by others.
- Longer treatment is generally associated with good outcome for children
- Intensive treatment (that is the number of treatment sessions a week) is important for certain conditions (generalised anxiety, depression or mixed emotional and disruptive disorder).

In addition the child or young person may continue

to improve after psychotherapy finishes.
This paper looks at the research that is available on the outcomes of psychoanalytic child psychotherapy and the evidence for its effectiveness.[1] Some of the key studies are summarised in the bibliography.

2 the outcome of child psychotherapy

Mental health services need to offer a range of options for children and families, since different interventions and services are helpful, depending on the individual circumstances of children and their families. Child psychotherapy, using psychoanalytic approaches, is among services that should be available in all areas for children and young people and their families who may benefit from it. Child psychotherapists work with individual children, with families and with groups as well as providing support and advice to other professionals.

Severe childhood disorders seldom get better spontaneously and many disorders are associated with poor adjustment in adolescent and adult life. Brief assessment with feedback to parents can be effective in helping families with younger children to understand their problems better and encourage them to deal with them (Smyrnios and Kirkby, 1993).

Children seen by child psychotherapists have more complex and long established problems and many of them have already failed to respond to other forms of treatment (Beedell and Payne, 1987). Children who receive psychotherapy continue to improve after the therapy ends (Wright *et al*, 1976).

emotional disorders

Emotional (or internalising) disorders constitute just under half of psychological disturbance in childhood. These include anxiety and depression where the distress is kept inside rather than expressed in disruptive behaviour.

- A retrospective study was carried out of 763 children and adolescents, who had attended the Anna Freud Centre over a 40 year period. 299 of these children had emotional disorders. Over 85% of the children with **anxiety and depressive disorders** no longer suffered any diagnosable emotional disorder after an average of two years treatment (Target and Fonagy, 1994).
- Heinicke and Ramsey-Klee (1986) looked at whether psychoanalytic psychotherapy helped children aged seven to ten with **reading difficulties related to emotional disturbance**. Children were divided into three groups in which the frequency of treatment sessions were set at either one or four times per week for two years, or once a week in the first year following by four times a week in the second. All treatments led to gains in self esteem, adaptation and the capacity for relationships. Gains were significantly greater and better sustained for groups treated four times per week for one or both years.
  Young people aged 12 to 25, who attended a community-based psychoanalytic psychotherapy service showed improvement, in particular those who had social problems or were anxious and depressed. After one year of treatment a large majority of young people's scores for **emotional (that is internalising) problems and overall problems** had significantly improved. Improvements in disruptive behaviour (or externalising problems) were less marked because according to self report assessments at intake, young people reported fewer of these problems. The outcome was assessed by the young people themselves, the therapist and a 'significant other', such as a parent or friend (Baruch, 1995; Baruch *et al*, 1998a).
- A study of eight adolescents in hospital with **obsessive-compulsive disorders**, who had refused to co-operate with behavioural treatment, found that they accepted psychoanalytic psychotherapy and improved (Apter *et al*, 1984).

disruptive behaviour disorders

Children and young people with disruptive behavioural disorders (that is externalising disorders) show improvements with psychoanalytic psychotherapy, though they are more likely to drop out of treatment and the improvement is not so marked as for internalising (that is emotional) disorders.

- In the retrospective study of clients of the Anna Freud Centre, 93 children with **disruptive behavioural disorders**, who had continued in

1 For an overview of prevalence and effective treatment see:
Target, M. and Fonagy, P. (1996) 'The psychological treatment of child and adolescent psychiatric disorders', in Roth, A. and Fonagy, P. (eds.), *What Works for Whom? A critical review of psychotherapy research*. Guilford Press.
Weisz, J. R., Weiss, B., Alicke, N. D. and Klotz, M. L. (1987) 'Effectiveness of psychotherapy with children and adolescents: a meta-analysis for clinicians'. *Journal of Consulting and Clinical Psychology*, 55: 542-549.

therapy for at least a year, were followed up. By the end of treatment 69% no longer warranted any diagnosis (Target and Fonagy, 1994).

- In the treatment of children with **Attention Deficit Hyperactivity Disorder** (ADHD) research has shown there to be a substantial and long term improvement with 'multi-modal' therapy of at least two years duration (including the provision of intense individual psychotherapy, as compared to brief treatment or stimulant medication on its own). Treatment of at least two years showed greater improvement on a variety of relevant measures of adjustment and behaviour (Satterfield *et al*, 1981). A nine year follow-up showed that 30% of the boys on stimulant medication alone had at least two arrests for felonies, as compared with 13% of the boys given multi-modal treatment and 7% of boys who continued in treatment for two to three years (Satterfield *et al*, 1987).

sexual abuse and abusing children

- There is some evidence that about half of those boys who show abusive behaviour have themselves been abused. Preliminary results of a study of boys aged between 11 and 16 suggest that early intervention with boys who are known to have abused other children can help them realise the impact of their behaviour on the child they have abused and provide the crisis that facilitates change, particularly in adolescence (Hodges *et al*, 1994; Skuse *et al*, 1998).
- A multi-centre study of 70 girls who had been sexually abused is being conducted at present (Trowell *et al*, 1995).

children with medical/ developmental problems

- Psychoanalytic psychotherapy can help children who have difficulty **controlling their diabetes** and who, as a result, are frequently admitted to hospital. Twenty two children in hospital receiving medical treatment were divided into two groups. One group received three to four times weekly psychoanalytic psychotherapy for 15 weeks. There were significant improvements in the blood glucose control of the treatment group compared to the untreated group. This was maintained at one year follow up for the treatment group, but children in the control group returned to their prehospitalisation level of problems within three months of discharge (Moran *et al*, 1991; Fonagy and Moran, 1990). Fonagy and Moran (1990) also examined three diabetic children whose height had fallen below the fifth percentile for age. These children received brief psychotherapy and they found that treatment was linked to accelerated growth and substantial increase in predicted adult height.
- About 10% of babies are estimated to **cry excessively**. This can undermine the parents' confidence and impair the relationship of the parent and child in the long term, if early help is not offered. A child psychotherapist undertook a retrospective analysis of 45 of her own cases of excessive infant crying and parental difficulties. Sometimes a few sessions were effective. What proved to be the important factor in successful therapy was that it was structured around the child's needs, based on shared observation of the infant (Acquarone, 1992). These findings were supported by two case studies which demonstrated that the most important factor was recognising the needs of the infant (Hopkins, 1994). Both studies pointed to the capacity for parents and infant to change and respond to brief intervention by the therapist.

children in foster care or who have been adopted

- Children who are fostered or adopted make good progress with psychoanalytic psychotherapy, as compared to an untreated group who showed no improvement. Children who have received psychotherapy are less likely to need expensive institutional placements later and the breakdown of foster placements may be avoided. Lush, Boston and Grainger (1991) looked at whether psychotherapy could help children referred to the Tavistock Clinic who had been fostered or adopted. They measured outcome for 20 children, using standard questionnaires, with external assessment and independent clinical ratings. Most children did well. It found that therapists tended to underestimate improvements as compared to external carers' ratings. An informal comparison was made with seven similar control children; none of whom had improved during the same period. A follow up case study of one boy six months and one year after the ending of therapy illustrated how the outcome, which had been beneficial for the boy according to his assessment and that of his adoptive parents, was related to the processes of child psychotherapy and continued after the end of therapy (Lush *et al*, 1998).

3 factors affecting the outcome of therapy

age of child

Younger children are likely to show larger changes than older ones and are more likely to be well at the end of treatment.

- Younger children (those under 12) are likely to show larger changes than older ones and are more likely to be well at the end of treatment (Target and Fonagy, 1994).
- Children under nine with disruptive behaviour showed a greater improvement with psychotherapy than older children (Target and Fonagy, 1994).

access to services and self-referrals

Families or young people who refer themselves for help (self referrals) are not less complex or severe than those referred by professionals.

- An analysis of self referrals to the Tavistock Clinic in London found that self referrals were not a 'low-risk' group and that over half were rated very severe. Previous experience of therapy or knowledge of the service seemed to influence the decision to self refer. The study concluded that families who refer themselves may be highly motivated to work with therapists and therefore helping them is an efficient use of resources (Harris and Bell, 1998).
- A study of 160 people who came to the Adolescent and Young People's Counselling Service at the Tavistock Clinic in four months from April to June 1996 rated each person according to the severity, complexity and chronicity of the problem. The study found that there were no significant differences between self referrals and professional referrals. The researchers concluded that the assumption that young people can safely be denied direct access to specialist psychotherapy services must be rejected (Upson and Wright, 1998).

Older children and young people who refer themselves to services have better outcomes than those referred by others.

- Baruch *et al* (1998a) found that motivation was an important predictor of young people remaining in and benefiting from treatment. For some older children the prospect of being about to enter adulthood may provide the motivation for them to make effective use of psychoanalytic psychotherapy. A study of 134 young people, comparing those who dropped out of treatment prematurely and those who continued in treatment in a community-based psychotherapy centre was undertaken by Baruch *et al* (1998b). This found that those who continued in treatment were older, had fewer externalising problems, were self referred and were likely to be treated by supportive therapists. Those who dropped out were younger, had greater externalising problems, school problems and presented with severe hyperkinetic or conduct disorders. In the younger group children from ethnic minority groups and who were treated by a supportive therapist were most likely to continue in treatment.

length of treatment

Though longer treatment is generally associated with a good outcome, good outcomes can be achieved sometimes with brief psychotherapy.

- Young people may make greatest improvement in the first six months of treatment and make less gains after this (Baruch *et al*, 1998a). This suggests that young people initially improve symptomatically with later gains perhaps being made in relation to entrenched personality problems and social difficulties.
- A study comparing 30 children aged five to nine years found that those given assessment consultations (varying from one to three sessions), a feedback session and a follow up session 12 weeks later improved as much as those given longer sessions (Smyrnios and Kirkby, 1993). This may demonstrate the benefit of goal-oriented treatment (Target, 1998). Furthermore, children in more difficult circumstances whose problems were likely to be more entrenched were excluded from the study: single parent families, families where a parent had a history of drug abuse or mental health problems as well as children with severe learning disabilities (28 out of 58 referrals).

Intensive treatment (that is three to five sessions a week) may be needed for certain conditions (generalised anxiety, depression or mixed emotional and disruptive disorder).

- For both children and adolescents, the more intensive the treatments (four or five sessions per week), the greater the benefit has been, after controlling for the length of treatment and level of impairment at referral (Target and Fonagy, 1994).
- Heinicke and Ramsey-Klee (1986) found that gains for children aged seven to ten with reading difficulties relating to emotional disturbance were significantly greater and better sustained for groups treated four times per week for one or two years.

- There is demonstrated improvement in outcome between the termination of individual child psychotherapy and follow-up. The improvement is positively connected with the number of psychotherapy sessions, according to a review of 22 studies. Children appear to show greater improvement from finishing therapy and follow up when psychotherapy sessions numbered 30 or more (Wright *et al*, 1976).
- The outcome for a 100 hyperactive boys given both medication and psychotherapy was better for those that continued in treatment for two to three years. They were further ahead educationally, had less anti-social behaviour, were more attentive at school, better adjusted at home and more globally improved than boys who received less that two years treatment (Satterfield *et al*, 1981).

4 what needs to be done

Research and audit of child psychotherapy is important to provide the evidence-base for all work with children. In the past there has been little research about psychotherapy with children, in particular, therapies that use psychoanalytic techniques. In addition, much of the research that has purported to investigate child psychotherapy is flawed.[2] Child psychotherapy developed from a tradition, that goes back to Freud, of relying on case studies to illustrate the validity of the approach rather than quantitative data from large numbers of patients.

It is increasingly recognised that qualitative research and listening to the views of users are important in evaluating the effectiveness of treatments for mental illness. Objective research and audit methods need to be combined with qualitative approaches that can reflect the complexity of the theory and practice of child psychotherapy and take account of the complexity of the problems of many of the children who are referred to child psychotherapists.

Research is now in progress that may further demonstrate the effectiveness of child psychotherapy and identify the clinical conditions and life circumstances that warrant longer term psychotherapy using psychoanalytic techniques. In addition, clinical audit is being integrated with clinical work. This can help improve practice and at the same time assist in planning the direction of the clinical services (Baruch, 1995). Research and audit into child psychotherapy is addressing the following issues:

- **Assessment** to look at the role of child psychotherapists in assessing children and developing care plans for local authorities, recommending the best ways to help them.
- **Brief psychotherapy** to look at the impact in the short term of symptom relief and at those conditions that respond to brief psychotherapy.
- **Outcome measures** to develop outcome measures that reflect the complexity of the psychoanalytic process and which involve the child or young person, the therapist and parents and school in the evaluation.
- **Long term outcomes** to look at how far benefits are carried into adult life.
- **Qualitative approaches** to develop techniques and methods that enable the personal and individual nature of the therapeutic process to be studied.

2 See Shirk, S. R. and Russell, R. I. (1992) 'A re-evaluation of estimates of child therapy effectiveness'. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31:703-710. Shirk and Russell have revealed how flawed much research has been which has biased its results. Research has often been undertaken in order to show the superiority of an alternative approach (such as cognitive behavioural therapy). In fact two-thirds of research has been undertaken by researchers who had a declared allegiance to behaviour therapy. They tended to choose methodologies that favoured behavioural approaches. For example, many studies have looked at brief psychotherapy lasting a few weeks, whereas much individual psychotherapy needs to be longer term. Others looked at group work but not individual psychotherapy.

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bibliography

Author **Baruch, G.**
Title 'Evaluating the outcome of a community-based psychoanalytic psychotherapy service for young people between 12 and 25 years old: work in progress'
Publication *Psychoanalytic Psychotherapy*, 1995, 9 (3): 243-267
Academic base Brandon Centre, London NW5 3LG
Focus How clinical audit of a community based psycho-analytic psychotherapy service can be integrated into child psychotherapy practice
Age range 12-25 year olds
Type of 'problem' Range, all new patients
Scale 106
Duration 20 months, to run for 3 years
Methods All new patients were assessed at intake by psychotherapists using measures of functioning and psychosocial stressors.
Young people filled in Youth Self Report (YSR) form at three months, at six months, at one year and then annually. 'Significant others' also filled in report forms
Main outcome measure Self assessment by young person
Findings Statistically significant improvement for internalising problems and total problems. There was also improvement for externalising problems, but a higher deterioration rate. Audit can be incorporated into clinical practice and information from YSR gave therapists, information that did not emerge during assessment.
Illustrated the difference in the assessments between young people and 'significant others'.

Author **Baruch, G., Fearon, P. and Gerber, A.**
Title 'Evaluating the outcome of a community-based psychoanalytic psychotherapy service for young people: one year repeated follow up'
Publication Davenhill, R. and Patrick, M. (eds.) (1998) *Rethinking Clinical Audit*. London: Routledge
Academic base University College, London
Focus One year follow up of Baruch (1995)
Age range 12-25 year olds
Type of 'problem' Range, all new patients
Scale 61
Duration One year follow up, see Baruch (1995)
Methods Young people who had been assessed at intake, three months, six months and one year using a number of measures, including Youth Self Report Forms.
Main outcome measure Self assessment by young person
Findings Most patients improved for internalising and total problems between intake and one year follow up. A smaller proportion improved for externalising problems, but improvement was more likely to occur for those patients who attended more frequently. Greater gains were made between intake and six months.

Author **Boston, M. and Lush, D.**
Title 'Further considerations of methodology for evaluating psychoanalytic psychotherapy with children: reflections in the light of research experience.'
Publication *Journal of Child Psychotherapy*, 1994, 20: 225-229
Academic base Tavistock Clinic
Focus See Lush *et al* (1991)
Age range 2-18 year olds
Type of 'problem' Children who have suffered abuse or trauma and discontinuity of care.
Scale 31
Duration Two years
Methods Naturalistic prospective study of all adopted, fostered and in care children. 12 children received treatment two or three times a week, the rest once weekly. Most continued for at least one year.
Main outcome measure Therapists' assessment using semi structured interview/questionnaire, validated by researcher and parents/carer assessment.
Findings In terms of external change 23 children had made considerable progress, three some progress, five doubtful or no change. Parents and others agreed with with therapists and researchers. Progress was greater where treatment had continued longer and external support for the treatment by parents, carers and colleagues was essential.

Author	**Fonagy, P. and Target, M.**
Title	'Predictors of outcome in child psychoanalysis: a retrospective study of 763 cases at the Anna Freud Centre'
Publication	*Journal of the American Psychoanalytic Association*, 1996, 44 (1): 27-73
Academic base	University College, London
Focus	Systematic retrospective study of outcomes
Age range	All ages
Type of 'problem'	All types
Scale	763
Duration	Children treated at the centre over 40 years
Methods	Information from closed case records were coded on demographic, diagnostic, clinical and treatment variables. Outcome measures in terms of clinically significant change in overall adaptation.
Main outcome measure	Hampstead Child Adaptation Measure
Findings	Over 85% of the children with anxiety and depressive disorders no longer suffered any diagnosable emotional disorder after an average of two years treatment. 69% of children with disruptive behavioural disorders, who had continued in therapy for at least a year, no longer warranted any diagnosis. Children under nine showed greater improvement than older children.

Author	**Fonagy, P. and Moran, G. S.**
Title	'Studies of the efficacy of child psychoanalysis'
Publication	*Journal of Consulting and Clinical Psychology*, 1990, 58: 684-695
Academic base	Anna Freud Centre, London
Focus	Summarises three studies (a, b and c) evaluating the effect of psychoanalytic psychotherapy on children with diabetes.
Age range	6-18 year olds
Type of 'problem'	Uncontrolled diabetes
Scale	a) 1, b) 22, c) 3
Duration	a) 184 weeks, b) three months and one year, c) four to five years.
Methods	a) Single case study (time series analysis) b) Outcome study see Moran et al (1991) c) Single case experimental design.
Main outcome measure	a) and b) improvements in diabetic control, see Moran et al (1991) c) Change in height and bone age
Findings	a) Improvements in diabetic control were predicted in unconscious themes emerging in analytic material b) see Moran *et al* (1991) c) Treatment was linked to accelerated growth and substantial increase in predicted adult height.

Author	**Heinicke, C. M. and Ramsey-Klee, D. M.**
Title	'Outcome of child psychotherapy as a function of frequency of sessions'
Publication	*Journal of the American Academy of Psychiatry*, 1986, 25: 247-253
Academic base	University of California
Focus	Evaluated outcome for children referred for emotional disturbances and reading retardation
Age range	7-10 year olds
Type of 'problem'	Reading difficulties relating to emotional disturbance
Scale	12
Duration	Two years
Methods	In three groups the frequency of treatment sessions were set at either one or four times per week for two years, or once a week in the first year followed by four times a week in the second.
Main outcome measure	Interviews by therapists with parents and teachers, interview between parents and a child psychiatrist, extensive testing of child.
Findings	All treatments led to gains in self esteem, adaptation and the capacity for relationships. Gains were significantly greater and better sustained for groups treated four times per week for one or both years.

Author	**Lush, D., Boston, M. and Grainger, E.**
Title	'Evaluation of psychoanalytic psychotherapy with children: therapists' assessment and predictions'
Publication	*Psychoanalytic Psychotherapy*, 1991, 5: 191-234

Academic base Tavistock Clinic
Focus Pilot study to test whether severely deprived children benefit from psychotherapy and develop methodology
Age range 2-18 year olds
Type of 'problem' Children in care or adopted
Scale 20
Duration Three years
Methods Assessed children at start of psychotherapy and two years later, using standard questionnaires, with external assessment and independent clinical ratings. Therapists initial aims and predictions were compared with later assessments of external and internal changes.
Main outcome measure Therapists assessment using semi structured interview/questionnaire, validated by researcher and parents/care assessment.
Findings Most children did well. Therapists tended to underestimate improvement as compared to external carers' ratings. An informal comparison was made with seven similar control children; none of whom had improved during the same period.

Author **Moran, G. S., Fonagy, P., Kurtz, A., Bolton, A. M. and Brook, C.**
Title 'A controlled study of the psychoanalytic treatment of brittle diabetes'
Publication *Journal of the American Academy of Child and Adolescent Psychiatry*, 1991, 30: 241-257
Academic base University College, London
Focus Assessed impact of brief psychoanalytic work with children with diabetes.
Age range Average age 13-14 year olds
Type of 'problem' Children with dangerously uncontrolled diabetes, requiring repeated admission to hospital
Scale 22
Duration One year follow up
Methods 22 children were given inpatient medical intervention. One group also received three to four times weekly psychoanalytic psychotherapy for 15 weeks.
Main outcome measure Diabetic control
Findings There were significant improvements in the blood glucose control of the treatment group compared to the untreated group. This was maintained at one year follow up for the treatment group, but the control group returned to prehospitalisation level of problem within three months of discharge.

Author **Satterfield, J. H., Satterfield, B. T., and Cantwell, D. P.**
Title 'Three year multimodality treatment study of 100 hyperactive boys'
Publication *Journal of Paediatrics*, 1981, 98: 650-655
Academic base University of California
Focus Comparison of boys given medication and those also given multimodality treatment
Age range 6-12 year olds
Type of 'problem' Hyperactive boys
Scale 100
Duration Three year follow up
Methods Prospective study of 100 hyperactive boys admitted to a multimodality programme. After a comprehensive evaluation each child was enrolled in one or more psychotherapeutic modalities. 50% of boys dropped out of treatment and groups receiving more or less treatment were compared.
Main outcome measure Assessment by physician, parents and child
Findings All boys improved. The sub group that continued in treatment for two or three years was further ahead educationally, had less anti-social behaviour, was more attentive at school, better adjusted at home and more globally improved than boys who received less that two years treatment.

Author **Satterfield, J. H., Satterfield, B. T. and Schell, A. M.**
Title 'Therapeutic interventions to prevent delinquency in hyperactive boys'
Publication *Journal of the American Academy of Child and Adolescent Psychiatry*, 1987, 26: 56-64
Academic base National Center for Hyperactive Children, Encino, California
Focus Comparison of boys given medication and those also given multimodality treatment
Age range 17 year olds
Type of 'problem' Hyperactive boys
Scale 130

Duration Mean follow up time 8.3 year and 8.7 years
Methods The delinquency records of hyperactive boys treated with medication only and with medication and psychotherapy in earlier studies by Satterfield et al were studied to see if there were differences between the two groups.
Main outcome measure Official arrest and institutionalisation data for felonies
Findings 30% of the boys on stimulant medication alone had at least two arrests for felonies, as compared with 13% given multi-modal treatment and 7% who had continued in treatment for two to three years.

Author **Smyrnios, K. X. and Kirkby R. J.**
Title 'Long term comparison of brief versus unlimited psychodynamic treatments with children and their parents'
Publication *Journal of Consulting and Clinical Psychology*, 1993, 61 (6): 1030-1027
Academic base La Trobe University, Carlton, Victoria, Australia
Focus Comparison of groups receiving minimal contact, time limited and time-unlimited psychodynamically oriented treatments.
Age range 5-9 year olds
Type of 'problem' Emotional disorders
Scale 30
Duration Four year follow up
Methods 30 children were divided into three groups:
- 'Minimal contact' (one to three assessment sessions and one feedback session, follow up session 12 weeks after feedback).
- Time limited psychotherapy (12 sessions)
- Time unlimited psychotherapy (3-62 sessions)

Main outcome measure Goal attainment scales, target complaints scales, Van der Veen Family Concept Inventory, Bristol Social Adjustment Guides.
Findings All groups improved significantly on therapists measures of goal attainment, but only the minimal contact group reported significantly on improvements on severity of target problems and measures of family functioning.
(Note that single parent families, families where a parent had a history of drug abuse or mental health problems were excluded as well as children with severe learning disabilities (28 out of 58 referrals.)

Author **Trowell, J., Berelowitz, M. and Kolvin I.**
Title 'Design and methodological issues in setting up a psychotherapy outcome study for girls who have been sexually abused'
Publication In Aveline, M. and Shapiro, D. (eds.) (1995) *Research Foundations for Psychotherapy Practice*. Wiley
Academic base Tavistock Clinic, Maudsley Hospital, Royal Free, Camberwell Child Guidance Clinic and Guy's Hospital
Focus Comparison of impact of individual and group psychotherapy
Age range 6-14 year olds
Type of 'problem' Sexual abuse
Scale 70
Duration 2 years
Methods 70 girls allocated at random to individual or to group therapy, follow up at one and two years. Girls allocated to individual therapy received up to 30 sessions, girls allocated to group therapy 12-16 sessions, depending on age.
Main outcome measure Comprehensive multidisciplinary assessment with information about the care; modified version of Adult Attachment Interview.
Findings Research in progress. Not yet known.

Author **Trowell, J. and Kolvin I.**
Title 'Lessons from a psychotherapy outcome study with sexually abused girls'
Publication Study funded by Department of Health and The Mental Health Foundation. Unpublished report, 1997.
Academic base Tavistock Clinic, Maudsley Hospital, Royal Free, Camberwell Child Guidance Clinic and Guy's Hospital
Focus Comparison of impact of individual and group psychotherapy
Age range 6-14 year olds
Type of 'problem' Sexual abuse
Scale 70
Duration Two years

Methods	Multi-centre study. 70 girls allocated at random to individual or to group therapy, follow up at one and two years. Girls allocated to individual therapy received up to 30 sessions, girls allocated to group therapy 12-16 sessions, depending on age.
Main outcome measure	Comprehensive multidisciplinary assessment with information about the care; modified version of Adult Attachment Interview, one year after the commencement of therapy and at two years.
Findings	Research in progress. Not yet known.

Author	**Wright, D. M., Moelis, I and Pollack, L. J.**
Title	'The outcome of individual child psychotherapy: increments at follow up'
Publication	*Journal of Child Psychology and Psychiatry*, 1976, 17: 275-285
Academic base	Department of Psychiatry, Upstate Medical Center, Syracuse
Focus	Comparisons of outcome at the end of psychotherapy with assessments at follow up
Age range	Mainly 13 year olds or younger
Type of 'problem'	Emotionally disturbed and maladjusted children
Scale	24 published studies
Duration	Varied
Methods	Review of outcome studies of individual child psychotherapy where outcome is assessed at the end of therapy and at follow up periods using the same measures.
Main outcome measure	Varied
Findings	Improvements in outcome between the end of therapy and follow up assessment are frequent in children who receive child psychotherapy. They are most common when psychotherapy sessions numbered 30 or more.

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