Nontraditional Trauma Therapies for Youth: A Review and Synthesis

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Points of Discussion

• Examining empirical support for nontraditional forms of therapy
• Following therapies were examined:
  • Eye Movement Desensitization and Reprocessing (EMDR)
  • Animal-Assisted Therapies (AAT)
  • Creative Arts Therapies (CAT)
  • Movement-Focused Therapies (MFT)
• Take home: EMDR demonstrates consistent positive outcomes; however, the bilateral component appears ineffective and unnecessary. CAT/AAT/MFT have limited evidence to support their effectiveness, and any effectiveness demonstrated may be due to other factors (e.g., nature of group format)
Introduction

• Mental health care for children is focusing more on dissemination and implementation of evidence-based treatments

• Many clinicians value use of treatment approaches that are not typically deemed evidence-based by researchers/policymakers

• Labeled as “non traditional therapies”

• However, these approaches are rarely tested in clinical trials and there is little communication to clinicians regarding the intervention quality

• Enter our White Paper
Methodology

- Thorough literature search
- Specific focus on randomized controlled trials
  - Gold standard for evaluating the efficacy of an intervention
- Meta-analyses and systematic reviews also utilized
- No inclusion of books or clinical case studies
  - Not often subjected to scientific peer review
  - Effectiveness of intervention often judged by implementing clinician
Eye Movement Desensitization and Reprocessing (EMDR)

- Controversial and unique aspect: bilateral stimulation
  - Multiple studies demonstrate a lack of significant benefit to the bilateral component (with adults)
- With children: Diehle et al. (2015) showed that EMDR was as effective as TF-CBT in reducing PTSD symptoms with traumatized youth
  - This has been replicated in additional studies
EMDR Take-Home

• Well-established use for reducing PTSD symptoms among youth
• *the bilateral stimulation (and other unique aspects) are not necessary or important in the overall treatment being effective
• Does not perform better or worse than other evidence-based treatments
• Policy and Training: investing time and effort in training clinicians in EMDR and other treatments is unnecessary
Animal—Assisted Therapies (AAT)

- Difficulty evaluating empirical evidence for 2 reasons
  - Measuring outcomes
  - Integrating therapies
- But did find a systematic review: useful for some (with caveats)
- Equine-Assisted Therapy: horses often integrated into group treatment; significant methodological flaws
- Canine-Assisted Therapy: mixed evidence; study that supports AAT had methodological flaws
AAT Take-Home

• Difficult to empirically test AAT
• Contradictory findings
• Policy and Training: due to contradictory findings and methodological difficulties of existing studies, AAT is best considered an adjunct to other therapies; consider carefully the opportunity cost of AAT training since there are other therapies that have a proven record of clinical benefit to maltreated youth
Creative Arts Therapies (CAT)

• Difficulty evaluating empirical evidence for 2 reasons
  • Integrating therapies
  • Multitude of mediums

• Music Therapy: methodological flaws; integrated into group treatment; no studies with trauma-exposed children

• Art Therapy: mixed outcomes; methodological flaws/integrated therapies; no studies with trauma-exposed children
CAT – Take Home

• Difficult to empirically test CAT
• Contradictory findings
• Policy and Training: due to contradictory findings and methodological difficulties of existing studies, AAT is best considered an add-on to other therapies; consider carefully whether the training required to start or maintain the program would be beneficial
Movement-Focused Therapies (MFT)

• Movement can be used therapeutically to promote wellness and healing
• Empirical validation of MFT difficult for several reasons
• Dance Therapy (DT): mixed outcomes; methodological flaws; no studies on trauma or children
• Adventure Therapy (AVT): minimal effect on LOC; mixed outcomes for PTSD; no studies with trauma-exposed children
MFT – Take Home

• Research indicated minimal impact on PTSD or other mental health concerns
  • Even when methodology flaws present that would benefit DT and AVT
  • Unclear if positive effects are due to MFT or to group social interactions
• Policy and Training: research indicates support is minimal or lacking for MFT to be used as frontline or adjunct treatment; can be used in a treatment program where activities are drawn from MFT model
Summary

• Research on “nontraditional” forms of therapy is in its infancy
• Exception: EMDR (the bilateral stimulation part appears unnecessary, however)
• We need significant empirical evidence to indicate these interventions clearly reduce trauma-related and other mental-health symptoms
  • Dearth of research on children, especially trauma-exposed youth
• Cost benefit analysis suggests these programs may not foster a good ROI in light of other demonstrable, effective interventions