Child Abuse/Family Conflict – Child Welfare


The individual child/parent CBT and family therapy components now integrated in AF-CBT were evaluated separately and compared to a third condition consisting of routine community services (RCS) in a randomized clinical trial (N=55) that evaluated key outcomes through a one-year follow-up assessment. Measures included the Child Behavior Checklist, Conflict Tactics Scales, Child Abuse Potential Inventory, the Family Environment Scale (cohesion, conflict), the general functioning scale of the Family Assessment Device, the Child Abuse Potential Inventory, the Parenting Scale, and the Beck Depression Inventory.

In terms of the overall outcomes through follow-up among all three conditions, both the individual CBT and family therapy conditions reported greater improvements than RCS on certain child (i.e., less child-to-parent aggression, child externalizing behavior), parent (i.e., child abuse potential, individual treatment targets reflecting abusive behavior, psychological distress, drug use), and family outcomes (i.e., less conflict, more cohesion).

Official child welfare records for the entire study period revealed lower, albeit nonsignificant, rates of recidivism among the adults who participated in the individual CBT (5%) and family therapy (6%) conditions, compared to those in RCS (30%). Parallel rates of recidivism were found for the identified abused children in this study in the three conditions: CBT (10%), family therapy (12%), and routine services (30%).

There were few differences between individual CBT and family therapy. Further, the outcomes were not influenced by child age, gender, ethnicity, parent education, one-parent vs. two-parent household, SES, or the levels of child behavior problems, parental distress, and family violence. Both CBT and family therapy were conducted with high fidelity, had high rates of session attendance, and had high consumer satisfaction ratings.


In this report that compared the treatment course of the two randomized conditions (individual CBT vs. family therapy) from the original outcome study (see Kolko, 1996a), weekly ratings of parents' use of physical discipline/force and anger problems were collected during each treatment session from children and their parents/caregivers using items developed for this client population (the Weekly Report of Abuse Indicators, WRAI). Based on summaries of these reports across sessions, reports of parental anger and the use of force during treatment were found to decrease for both groups. However, the decline was significantly faster for the individual CBT condition than for the Family Therapy condition. The study provides empirical justification for monitoring and then addressing potential indicators of potential abusive behavior during treatment.

This paper describes the long-term sustainability and outcome of Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) as delivered by practitioners in a community-based child protection program who had received training in the model several years earlier. Formerly described as Abuse-Focused CBT, AF-CBT is an evidence-based treatment (EBT) for child physical abuse and family aggression/conflict that was included in the National Child Traumatic Stress Network’s initial EBT dissemination efforts in 2002. Seven practitioners received a day-long training workshop, 12 monthly case consultation calls, and a follow-up booster workshop. The program’s routine evaluation system was used to document the clinical and treatment outcomes of 52 families presenting with a physically abused child who received AF-CBT content between two and five years after training had ended. Measures of the use of AF-CBT and four other EBTs documented their frequency, internal consistency, intercorrelations, and relationship to several therapist- and parent-rated outcomes. The amount of AF-CBT General and Abuse-specific content delivered was found to predict several clinical and functional improvements in both children and caregivers, above and beyond the influence of the unique content of the other four EBTs. The two AF-CBT content scores were differentially related to several of these outcomes. These novel naturalistic data document the sustainability and clinical benefits of AF-CBT in an existing community clinic serving physically abused children and their families, and are discussed in the context of key developments in the treatment model and dissemination literature.


Objective: Randomized clinical trial designed to evaluate the dissemination of Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT), an evidence-based treatment for family conflict/coercion, including child physical abuse. In sample of 182 practitioners randomized to AF-CBT training or training as usual, HLM analyses revealed significant initial improvements or those in the AF-CBT training condition in knowledge about AF-CBT and its targeted population, and use of AF-CBT teaching processes, abuse-specific skills, and general psychological skills. These findings are discussed in the context of treatment training, research, and work force issues as they relate to community practitioners representing diverse backgrounds, professional experiences, client populations, and service settings.
Children’s Behavior Disorders- Mental Health


This study examines the treatment outcomes of 144, 6-11 year-old, clinically referred boys and girls diagnosed with Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) who were randomly assigned to a modular-based treatment protocol that was applied by research study clinicians either in the community (COMM) or a clinic office (CLINIC). The protocol was adapted from the key content modules in AF-CBT. To examine normative comparisons, a matched sample of 69 healthy control children was included. Multiple informants completed diagnostic interviews and self-reports at six assessment timepoints (pretreatment to 3-year follow-up) to evaluate changes in the child’s behavioral and emotional problems, psychopathic features, functional impairment, diagnostic status, and service involvement. Using HLM and logistic regression models, COMM and CLINIC showed significant and comparable improvements on all outcomes. By 3-year follow-up, 36% of COMM and 47% of CLINIC patients no longer met criteria for either ODD or CD, and 48% and 57% of the children in these two respective conditions had levels of parent-rated externalizing behavior problems in the normal range. We discuss the nature and implications of these novel findings regarding the role of treatment context or setting for the treatment and long-term outcome of behavior disorders.


Objective: To determine the effectiveness of an on-site modular intervention (based on AF-CBT content) in improving access to mental health services and outcomes for children with behavioral problems in primary care relative to enhanced usual care. Setting: Boys and girls from six primary care offices in metropolitan Pittsburgh, PA. Participants: One-hundred and sixty three clinically referred children who met a modest clinical cutoff (75th percentile) on the externalizing behavior scale of the Pediatric Symptom Checklist-17 were randomized to a protocol for on-site, nurse-administered intervention (PONI) or to enhanced usual care (EUC). PONI applied treatment modules from an evidence based treatment for children with disruptive behavior disorders (AF-CBT) that were adapted for delivery in the primary care setting; EUC offered diagnostic assessment, recommendations, and facilitated referral to a specialty mental health provider in the community. Main Outcome Measures: Standardized rating scales, including the PSC-17, individualized target behavior ratings, treatment termination reports, and diagnostic interviews were collected. Results: PONI cases were significantly more likely to receive and complete mental health services, reported fewer service barriers and more consumer satisfaction, and showed greater, albeit modest, improvements on just a few clinical outcomes that included remission for categorical behavioral disorders at one-year follow-up. Both conditions also reported several significant improvements on several clinical outcomes over time. Conclusions: A psychosocial intervention for behavior problems that was delivered by nurses in the primary care setting is feasible, improves access to mental health services, and has some clinical efficacy. Options for enhancing clinical outcome include the use of multifaceted collaborative care interventions in the pediatric practice.


Objective: To evaluate the feasibility and clinical utility of an integrated mental health intervention (Doctor-Office Collaborative Care, DOCC) vs. enhanced usual care (EUC) for children with behavior problems. Design: The first two of every three eligible cases were assigned to DOCC (n = 55) and every third case to EUC (n = 23). Setting: Initial assessment was conducted in one of six pediatric primary-care practices. Posttreatment assessment was conducted in the pediatric or research office. DOCC was delivered in the practice; EUC was
initiated in the office but involved a facilitated referral to a local mental health specialist. Participants: Of 125 referrals (ages 5-12), 78 children participated. Interventions: Children and their parents were assigned to receive DOCC or EUC. Outcome measures: Pretreatment diagnostic status was evaluated on the Schedule for Affective Disorders and Schizophrenia for School-Aged Children. Pretreatment and 6-month posttreatment ratings of behavioral and emotional problems were collected from parents on the Vanderbilt ADHD Diagnostic Parent Rating Scale and Individualized Goal Achievement Ratings form. At discharge, care managers and an evaluator completed the Clinical Global Impression Scale, and both pediatricians and parents completed satisfaction and study feedback measures. Results: Group comparisons found significant improvements for DOCC over EUC in service use and completion, behavioral and emotional problems, individualized behavioral goals, and overall clinical response. Parent and pediatrician reports were highly satisfied with DOCC. Conclusions: The feasibility and clinical benefits of DOCC for behavior problems supports the integration of collaborative mental health services for common mental disorders in primary-care.
AF-CBT-related References
(supporting evidence for the treatment model or its outcomes)


