Mental Health Treatment of Child Abuse and Neglect: The Promise of Evidence-Based Practice

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KEYWORDS

• Child abuse • Mental health treatment
• Evidence-based practice • Child trauma • Child maltreatment

In 2006, 3.6 million children in the United States received a child protective services' investigation and 905,000 children (about one-quarter of those investigated) were found to have been abused and/or neglected.[1] The majority of maltreated youth had substantiated neglect (64.1%), followed by physical abuse (16.0%), sexual abuse (8.8%), psychological maltreatment (6.6%) and other types (15.1%) (nonexclusive categories). There was fairly equal gender distribution among the child victims, with 51.5% of the victims being female. Younger children had higher rates of maltreatment than older children; African American and American Indian/Alaskan Native children were overrepresented among children substantiated for maltreatment.[1] In 2006, 303,000 children entered out-of-home care (including foster care, kinship care, residential treatment, group homes) and 510,000 children were in care on September 30, 2006. African American children and multiracial children were overrepresented among children in care.[2]

Children who have been maltreated are at risk for experiencing a host of mental health problems including depression, post-traumatic stress, dissociation, reactive

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attachment, low self-esteem, social problems, suicidal behavior, aggression, conduct disorder, attention-deficit hyperactivity disorder (ADHD) and problem behaviors, including delinquency, risky sexual behavior and substance use.[3–6] In a sample of 426 children receiving child welfare services, 42% met diagnostic criteria for a DSM-IV diagnosis based on youth- and parent-report.[5] ADHD and Disruptive Disorders, such as Oppositional Defiant Disorder and Conduct Disorder, were among the diagnoses most frequently assigned to youth in the child welfare system.[5,7] Not surprisingly, maltreated children who are placed in out-of-home care also manifest a host of emotional, behavioral, social and developmental problems, and they are in need of many specialized services.[8,9] Based on their review of the epidemiologic literature describing the mental health needs of youth in out-of-home care, Landsverk and Garland[9] reported that ''between one-half and two-thirds of the children entering foster care exhibit behavior or social competency problems warranting mental health services.'' Studies of Medicaid claims suggest that as many as 57% of youth in foster care meet Medicaid criteria for a mental disorder.[10]

Given the high rate of mental health problems, it is not surprising that maltreated youth are in need of mental health services. Unfortunately, only a fraction of these children and adolescents receive services. For example, in one nationally representative study, between 37%–44% of youth with child welfare service involvement scored in the borderline or clinical ranges on parent-, teacher- and self-report measures of mental health and behavioral functioning; only 11% of these youth, however, were receiving outpatient mental health services.[6] Rates of service use are higher among children placed in out-of-home care.[11] One study found that children in foster care in California, who comprised less than 4% of Medi-Cal-eligible children, accounted for 41% of all users of Medi-Cal mental health services.[12] Another study found that children in foster care used more mental health services (including hospitalizations), at greater expense than children in the Aid to Families with Dependent Children (AFDC) program or children receiving Supplemental Security Income (SSI).[7,10] Despite reported high rates of service use of children in foster care, many youth in out-of-home care also do not receive needed services.[13] For example, one study found that 80% of children ages 6–12 in foster care were given a psychiatric diagnosis, yet only 50% had received mental health or special education services[14] and another study found that only 23% of children in foster care had received some type of mental health service.[13]

Exacerbating the problem of effectively treating mental health problems in maltreated youth is the lack of evidence-based mental health treatment available, even for those children and adolescents who do receive treatment. The tide may be turning for our most vulnerable youth, however. Recently, several evidence-based practices have been rigorously tested and are demonstrating efficacy in reducing mental health problems associated with maltreatment.

WHAT IS EVIDENCE-BASED PRACTICE?

There has been a recent surge in interest in identifying, evaluating, and disseminating evidence-based practices for child abuse and neglect.[15–17] Evidence-based practice (EBP) can be defined simply as using clinical interventions that have the best scientific support for their effectiveness. EBP typically have well-developed treatment manuals, established training protocols for clinicians, and ongoing assessment of clinician fidelity to the treatment model. EBP is unique from more traditional practice given that treatment effectiveness is demonstrated incrementally through well-designed, randomized clinical trials using outcomes that are tied to specific treatment goals.