

# [Cognarive and behavioral therapy for physically abused kids in low income areas](https://assignbuster.com/cognarive-and-behavioral-therapy-for-physically-abused-kids-in-low-income-areas/)

[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/)

Cognitive and Behavioral Therapy for Physically Abused Kids in Low-Income Areas al Affiliation Source/Year Purpose Sample Design
Variables/ Instruments
Results
Implications for this Proposal
Trauma focused CBT for children with co-occurring trauma and
behavior problems(2010)
Illustrates convenient strategies for managing behavioral problems in the context of trauma focused EBT
Traumatized children and Families in trauma- and
behavioral-focused treatment
The empirical literature is reviewed and practical strategies are described for
conducting trauma- and behavioral-focused assessments
Treatment-planning that includes a balance of both trauma
and behavioral foci as well as managing ongoing behavioral problems in the context of providing
trauma-focused treatment
Trauma-focused EBT that integrate behavioral management strategies can effectively
manage the behavioral regulation problems that commonly occur in traumatized
children
The strategies illustrated in this study will be used in my proposal to illustrate their efficiency in low-income areas.
Trauma-focused CBT for youth who experience ongoing traumas(2011)
Illustrates convenient
strategies for applying one EBT, Trauma-Focused Cognitive
Behavioral Therapy (TF-CBT) for youth with enduring traumas
Youth that experience ongoing trauma and parents who experience
personal ongoing trauma
Alliance with local
therapists and families partaking in TF-CBT society and global programs was used to explicate
efficient strategies
Case examples are used to illustrate how strategies employed in this study are used.
TF-CBT is a feasible realistic alternative for working with multifaceted cases where hostility menace is speedily purged.
My proposal will not only focus on past experienced trauma but also ongoing trauma and as such will use the results of this study as well as the case studies feautured.
The data behind the dissemination: A systematic review of trauma-focused cognitive
behavioral therapy for use with children and youth(2012)
Analytically assess the verification
of TF-CBTs capability to lessen symptoms of post-traumatic stress, depression and behavior difficulties in youths that have survived trauma.
Children and youth who have survived trauma and experienced PTSD
Ten studies (twelve articles) were chosen for inclusion
in 3 sets of meta-analyses. Results were then compared.
A search was conducted and produced ten studies that evaluated
TF-CBT or interventions highly similar to TF-CBT
The collective
estimates sturdily imply that TF-CBT is inherently more efficient than attention
management, standard community care and waitlist management settings.
The results acquired by these ten studies would be used as evidence in proving the efficiency of CBT in this proposal.
Identification, modification, and implementation
of an evidence-based psychotherapy for children
in a low-income country: the use of TF-CBT in
Zambia(2013)
Illustrates the course of choosing an intervention to meet the requirements of a populace and
the procedure of cross-cultural adjustment
local stakeholders
Community-based participatory examination ideologies were applied for intervention selection, with the inclusion of
combined meetings with stakeholders, evaluation of qualitative research, as well as evaluation of the literature
TF-CBT was chosen as the evidence-based practice for modification and feasibility testing
Selecting an intervention can work as a collaborative procedure with society participation.
Zambia is a low income area and as such it is an ideal case study for my proposal. This study in Zambia will eliminate the efficiency of intervention in low income areas.
Utilization and Implementation of
Trauma-Focused Cognitive–Behavioral
Therapy for the Treatment of Maltreated
Children(2012)
Establish the fraction of clinicians that are skilled in and make use of TFCBT
and the rate at which TF-CBT mechanism are put into operation
Health clinicians in children’s advocacy
centers
Illustrates the results of a study of 132 mental health clinicians in children’s advocacy
centers (CACs) across the United States.
Web-based survey protocol that included numerous questionnaires conducted by the clinicians.
A total of 103 (78%) of the clinicians reported
being skilled in and making use of TF-CBT on a regular basis; however, only 66% of these clinicians reported being likely to use each component.
This proposal would use the results of this study to determine the effectiveness of TF-CBT mechanisms in relation to individual clinicians. In effect how often trained clinicians in low income areas would use TF-CBT mechanisms.
Question 1: How would you rank the quality of evidence for each of your five articles? Where do you see potential for bias?
The quality of evidence in the 5 articles is satisfactory although in the 2012 article The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth by Colleen E. Cary and J. Curtis McMillen, there should have been an inclusion of a higher number of test studies to increase the authenticity of the results.
Question 2: Did you find any outcomes that opposed your expectations or the expectations of the researchers? How might this information change your thinking about your proposed intervention? If not, what did you find that was surprising and or challenged your assumptions?
No outcomes opposed my expectations or the expectations of researchers although it was surprising to find that although there is a relatively high number of clinicians skilled in the use of TF-CBT in the United States, a comparatively low number is putting the components into play despite previous studies showing that TF-CBT components were evidently productive. The level of success in Community-based participatory examination ideologies applied in Zambia was also unexpected but positively welcomed.
Question 3: Did you include qualitative research in your review? If so, was there a clear statement of the aims of the research and did it seek to illuminate subjective experiences/actions of participants? Was the research design appropriate to address those aims (Questions adapted from Canadian National Collaborating Centre for Methods and Tools NCCMT 2010)?
I also included a qualitative review, an incidence I found particularly sufficient in addressing the aims of the research. Drawing on the findings, it is clear that the research seeks to shed a light on the subjective experiences the participants incurred. More so, this research design would suffice in addressing the aims of the overall research.
References
Allen, B., & Johnson, J. C. (2011). Utilization and Implementation of Trauma-Focused Cognitive–Behavioral Therapy for the Treatment of Maltreated Children. Child maltreatment, 1077559511418220.
Cary, C. E., & McMillen, J. C. (2012). The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. Children and Youth Services Review, 34(4), 748-757.
Cohen, J. A., Berliner, L., & Mannarino, A. (2010). Trauma focused CBT for children with co-occurring trauma and behavior problems. Child abuse & neglect, 34(4), 215-224.
Cohen, J. A., Mannarino, A. P., & Murray, L. K. (2011). Trauma-focused CBT for youth who experience ongoing traumas. Child abuse & neglect, 35(8), 637-646.
Mannarino, A. P., Cohen, J. A., & Deblinger, E. (2014). Trauma-Focused Cognitive-Behavioral Therapy. In Evidence-Based Approaches for the Treatment of Maltreated Children (pp. 165-185). Springer Netherlands.
Murray, L. K., Dorsey, S., Skavenski, S., Kasoma, M., Imasiku, M., Bolton, P., ... & Cohen, J. A. (2013). Identification, modification, and implementation of an evidence-based psychotherapy for children in a low-income country: the use of TF-CBT in Zambia. International journal of mental health systems, 7(1), 24.