RESEARCH SNAPSHOT Unified Protocol Therapy for Children in Campus-based Care

WHAT IS THIS RESEARCH ABOUT?

Children who are exposed to trauma and who have significant behavioural and mental health issues may be placed in campus-based care, which provides 24/7 treatment in a secure setting.

Cognitive behavioural therapy (CBT) is an evidence-based mental health treatment for children, but there are challenges associated with using CBT in campus-based care due to limited parental involvement and the severity of symptoms.

The purpose of this study was to implement the Unified Protocol, a flexible, transdiagnostic form of CBT, in children's campus-based care to determine if the treatment improved cognition and behaviour.

WHAT WAS THE RESEARCH?

We implemented the 15-week Unified Protocol intervention with structured sessions including: treatment goals, understanding emotions, cognitive flexibility, problem solving, mindfulness, and emotion exposure strategies. Participants included 18 children (aged 7-13), 19 caregivers, and 12 staff.

Before the start of the intervention, caregivers or a staff member answered questions about a child's trauma and adverse childhood experiences, while a review of each child's chart was completed to understand maltreatment exposure.

Before, during, and after the 15-week Unified Protocol intervention, we used standardized scales to measure:

- Top problems, depression, anxiety, and irritability (completed by children, caregivers, and staff).
- Emotion regulation, life difficulties, and disruptive behaviours (completed by caregivers and staff).
- Automatic thoughts, sleep quality, mental distress, and quality of life (completed by the child).
- Parenting competency, emotion regulation, emotional self-efficacy (completed by caregivers).

This research demonstrates the potential for the Unified Protocol, a flexible form of cognitive behavioural therapy, to support the mental health of children in campus-based care.

The Unified Protocol may also have broader utility to help children exposed to maltreatment and trauma, areas where standard CBT is not as effective.

WHAT DID THE STUDY FIND?

All children in campus-based care had been exposed to trauma, and most had experienced multiple types of abuse and neglect.

Over the course of the 15-week intervention, children and caregivers made significant improvements in multiple areas:

- Children, caregivers and staff agreed that top problems decreased.
- Children reported a **decrease** in anxiety and automatic thoughts.
- Caregivers reported an **increase** in their own emotion regulation, emotional self-efficacy, and sense of parenting competency.
- Staff reported a **decrease** in depression, anxiety and life difficulties, and an **increase** in emotional regulation and pro-social behaviours.

HOW CAN YOU USE THIS?

This study supports the idea that the Unified Protocol has broad applicability to support youth with diverse mental health issues, even in secure treatment settings with limited family involvement. In order to benefit from CBT, children need basic self-regulation skills and the ability to generate insights about themselves and others.

Adaptations were made to support youth in campus-based care. For example, staff supported children to practice skills outside of sessions, and helped caregivers implement the skills in their home. Children found movement-based CBT activities more engaging than talk-based approaches.

WHO ARE WE?

This research involved a partnership between the Mathison Centre for Mental Health Research & Education at the University of Calgary and Pathways to Prevention at Hull Services. Hull Services is a nonprofit organization in Calgary, Canada that provides behavioural and mental health services to youth and their families.









ABOUT THIS SNAPSHOT

The full research article can be found at:

Lindenbach, D., Anderson, A., Wang, E., Heintz, M., Rowbotham, M., Ehrenreich-May, J., ... Dimitropoulos, G. (2024). Feasibility and Acceptability of Implementing a Transdiagnostic Cognitive Behavioral Therapy for Children Impacted by Trauma Within a Residential Treatment Facility. *Child* & Youth Services, 1–26. <u>https://doi.org/10.1080/0145935X.2024</u> .2340550

