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**Trauma-Focused Cognitive Behavioural Therapy for  
Abused Children with Posttraumatic Stress Disorder:  
Development and Evaluation of a Manualised  
Treatment Programme**

A thesis presented in partial fulfilment of the requirements for the degree of  
Doctor of Philosophy  
in Psychology  
at Massey University, Albany  
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This thesis is dedicated to my parents, Reg and June Collins, who gave me a wonderful childhood full of fun and adventure, and a perfect base upon which to build this work.



# ABSTRACT

A manualised trauma-focused cognitive behavioural therapy (TF-CBT) programme was developed for multiply-abused children diagnosed with posttraumatic stress disorder (PTSD; Feather & Ronan, 2004) referred to the specialist clinic of the statutory child protection agency in New Zealand. The TF-CBT protocol was based on: (1) a review of the history of child abuse (CA) and child protection in New Zealand and internationally, with particular reference to professional developments and the role of psychologists in ameliorating CA; (2) a conceptualisation of the clinical presentation of CA in children; (3) a review of the field of psychotraumatology and theoretical models, including locally developed, relevant to the development of a treatment programme for traumatised abused children in a child protection setting in New Zealand; and (4) a review of evidence-based practice, treatment outcome models, and current empirical research related to developing an effective treatment model in this area. The locally developed TF-CBT programme built on efficacious treatments for child anxiety and PTSD as a result of sexual abuse. It encompasses psychosocial strengthening, coping skills training, gradual exposure using expressive modalities, and special issues relevant to trauma and abuse.

A “scientist-practitioner” approach to local clinical research was used to evaluate the programme. A single-case multiple-baseline design demonstrated the controlling effects of the treatment across four studies; each comprising four typically-referred multiply-abused children aged 9-15 years who met diagnostic criteria for PTSD. Parent/caregivers were involved in treatment sessions. Study 1 was a pilot with four Pakeha/New Zealand European children; Study 2 trialled the protocol with two Maori and two Samoan children; Study 3 was an evaluation of the developed protocol with a multicultural group of typically-referred children; and Study 4 was an evaluation with other therapists delivering the manualised programme.

Despite some methodological difficulties related to conducting research in a setting of this nature, the overall results indicate a good deal of promise. Across the four studies, for the majority of children treated, PTSD symptoms decreased and child coping

increased. Where follow-up data was available, gains generally maintained or improved over 3-, 6-, and 12-month intervals.

Recommendations are made about further applications of this TF-CBT programme, including the interweaving of cultural models with TF-CBT, and development and evaluation of the protocol in other settings. Implications of the current research are discussed in terms of recognition of the crucial importance of evidence-based practice in CA/child protection settings, and the contribution psychologists and therapists can make to ensure quality outcomes for this most vulnerable population of children and families.

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