

# The efficacy of trauma-based therapies for Aboriginal children and young people in Out of Home Care. A Journey through LINKS

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# Acknowledgement to Country



SEWB Diagram adapted from Gee et al., (2014)

# History and Background

- From the beginnings of colonisation - Non-Aboriginal policy has had a devastating effect on Aboriginal people.
- 1836 protection Policy
- 1909 Aborigines Protection Act
- Impacts of intergenerational and trans-generational trauma
- OOHC statistics for Aboriginal children/young people compared to non-Aboriginal young people (9x)
- Delivery of Aboriginal programs must include a holistic perspective



- David Tune was commissioned by the NSW Government to review the OOHC system
- David Tune concluded money spent did not result in improved outcomes
- In particular, outcomes for Aboriginal children/young people were significantly poorer and programs did not meet cultural competency
- Their futures Matter funded the LINKS Trauma Healing Service
- Multidisciplinary Service consisting of Aboriginal and non-Aboriginal Psychologists, Aboriginal and non-Aboriginal occupational Therapists, Speech pathologists, and psychiatry service.





- Psychologists delivered evidence based interventions - PCIT, EMDR, TFCBT and tuning into kids program
- 50% of LINKS cohort identifies as Aboriginal - ongoing consultation with Aboriginal staff was sought to implement the program to meet cultural needs.
- Three evaluation reports concluded significant positive effects on wellbeing of children/young people and carers with no significant effect on treatment outcomes if Aboriginal identified.

# Aims

**Investigate**

culturally appropriate evidence-based psychological interventions that have been successful in reducing trauma symptoms in Aboriginal children and young people, who are in out of home care

**Investigate**

if an interaction occurs between cultural identity and treatment modality.

**Investigate**

if an interaction occurs between the cultural identity of the treating clinician and the cultural identity of the child.

# Significance of the research

Research questions proposed by the Healing Foundation (2013) and Atkinson (2013).

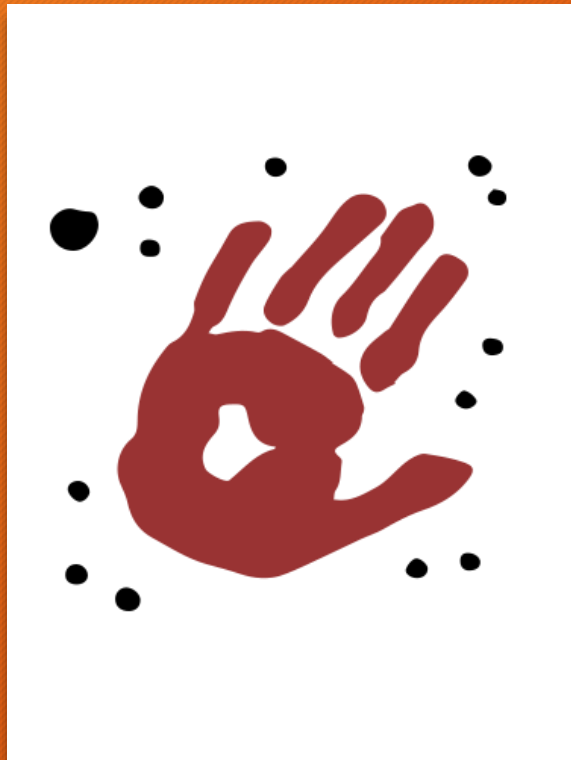
“What does work, treating trauma with our kids in out of home care?”

Very sparse peer reviewed literature in this area.

Largest quantitative database within NSW and possibly nationwide.

Aboriginal children/young people in out of home care are among the most vulnerable cohort in our society.

# Methodology



- Secondary analysis on the existing data which contains:
- 544 referrals accepted into the LINKS program
- 159 total assessment completers from October 2017 to August 2020.
- Data: 77 Aboriginal and 82 non-Aboriginal children (aged between 3-16 years)
- Referral was voluntary and via caseworker
- Criteria:
  - child/young person 16yrs and under
  - Instability in placement
  - increased need for respite
  - 2 or more placement changes in 6 mths



# Interventions

Trauma focused CBT

Parent Child Interaction Therapy (PCIT)

The Tuning in to Kids/Teens (TIK/T)

Eye Movement Desensitization and Reprocessing (EMDR)

Or a combination of an individual therapy and the tuning in program

# Measures

The Trauma Symptom Checklists For Children (TSCC)/The Trauma Symptom Checklists For Young Children (TSCYC) (Briere, 1996).

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001).

# Results



## TSCYC/TSCC

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Significant main effect on outcomes ,  $F (1,112) = 33.43$ ,  $p = <.0001$ ,  $\eta^2_p = 0.230$

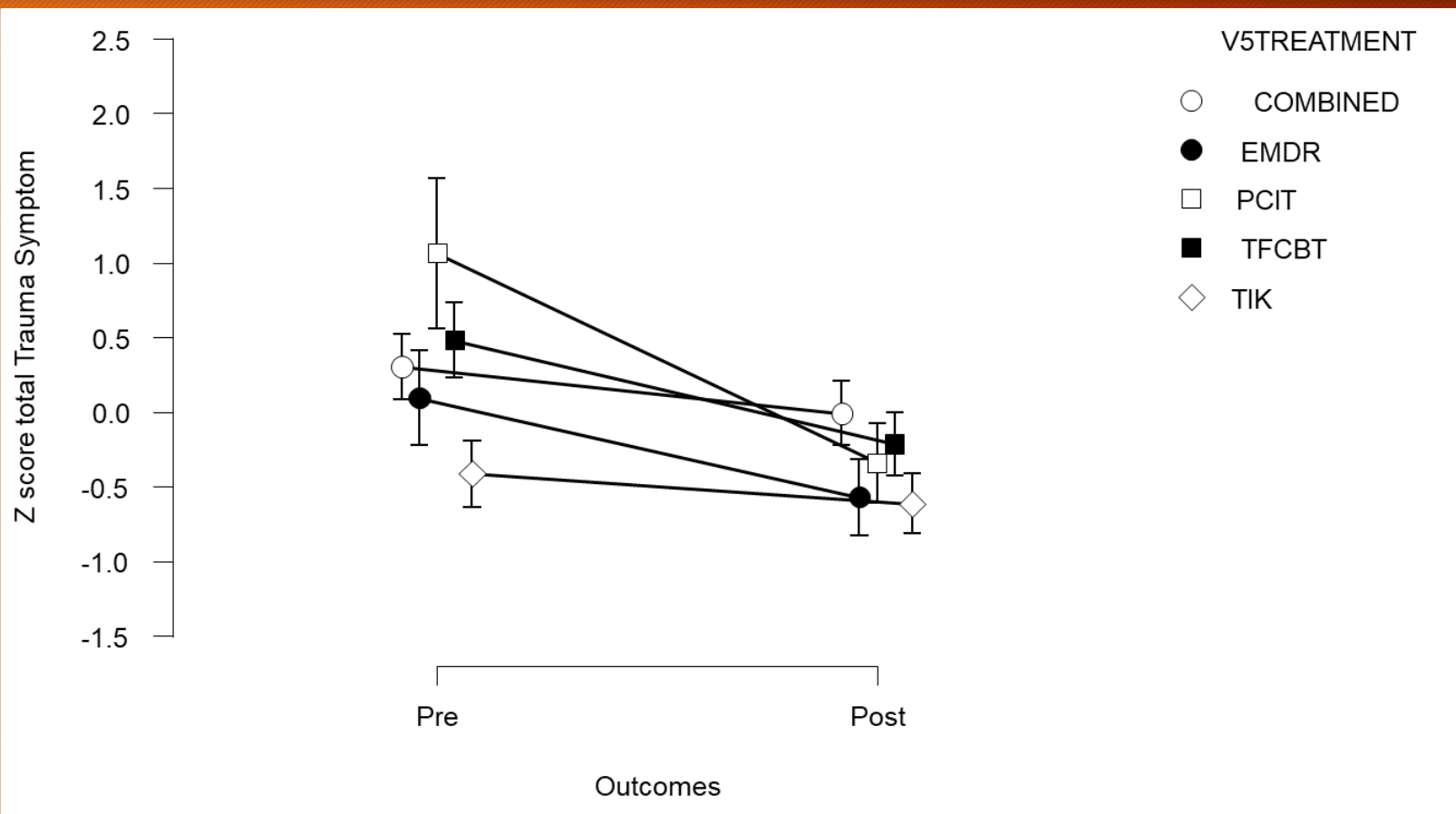
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No difference between results for Aboriginal children and young people and non-Aboriginal children and young people

# Results TSCYC/TSCC

**Figure 1**

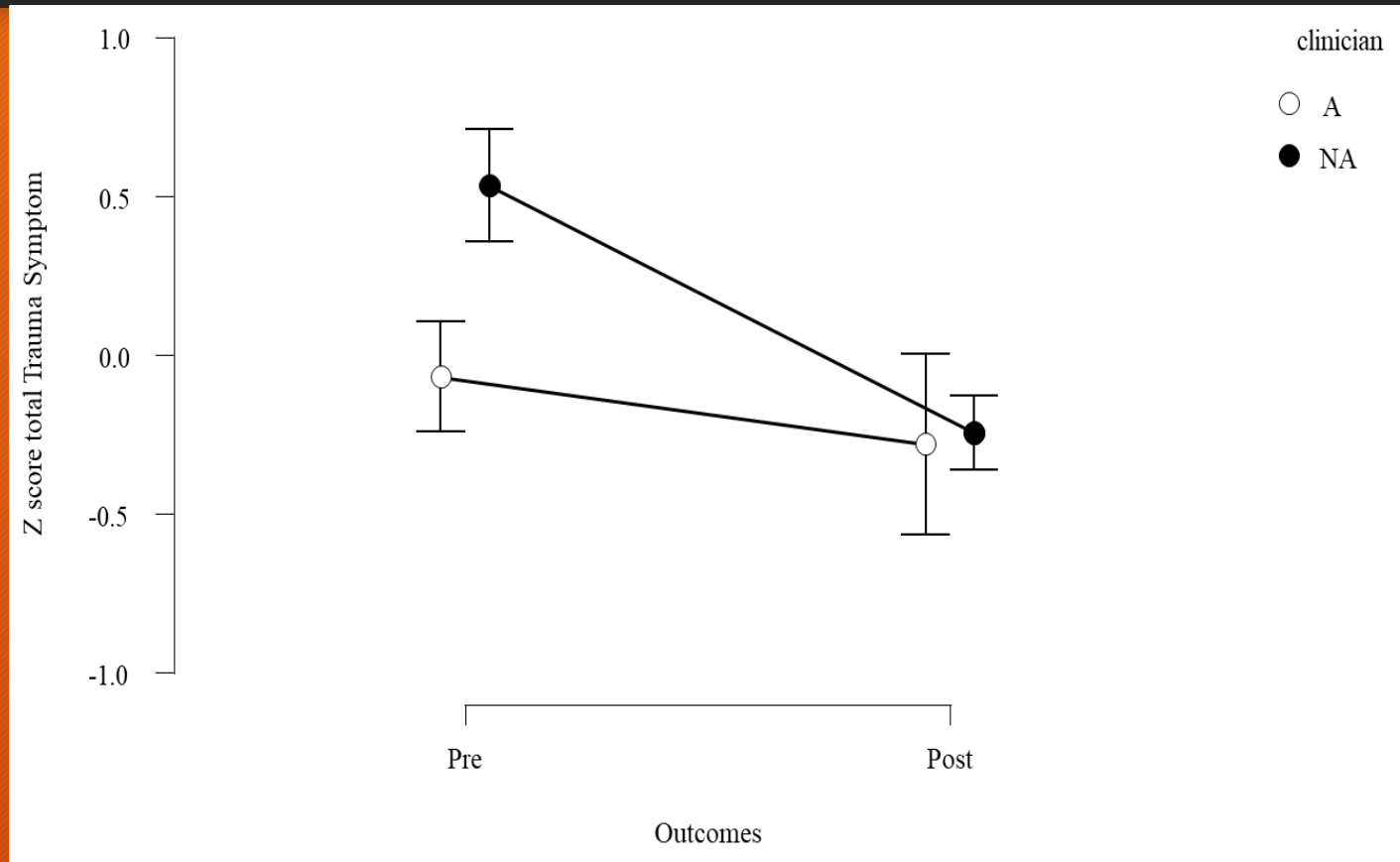
*Outcomes TSCYC/TSCC Pre and Post for Aboriginal Children/Young People Across Five Treatments*



Note. Higher scores equal higher trauma symptoms. Vertical bars represent standard error of the mean.

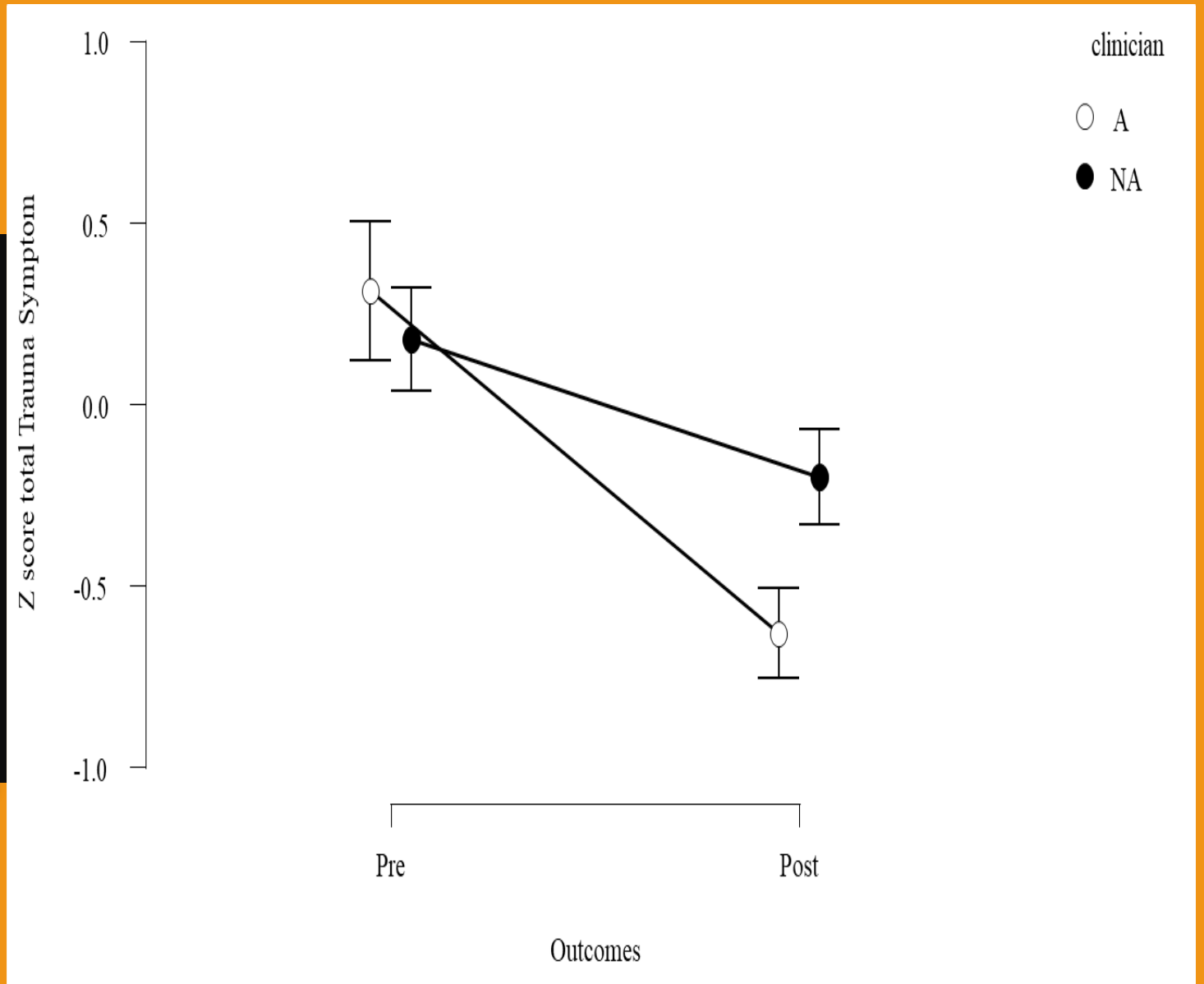
## Figure 2

### *Outcomes TSCYC/TSCC Pre and Post for Aboriginal Children/Young People Across Culture of Clinician*



*Note.* A = Aboriginal and NA = non-Aboriginal. Higher scores equal higher trauma symptoms. Vertical bars represent standard error of the mean.

**Figure 3**  
*Outcomes TSCYC/TSCC pre and post for non-Aboriginal children/young people across culture of clinician*



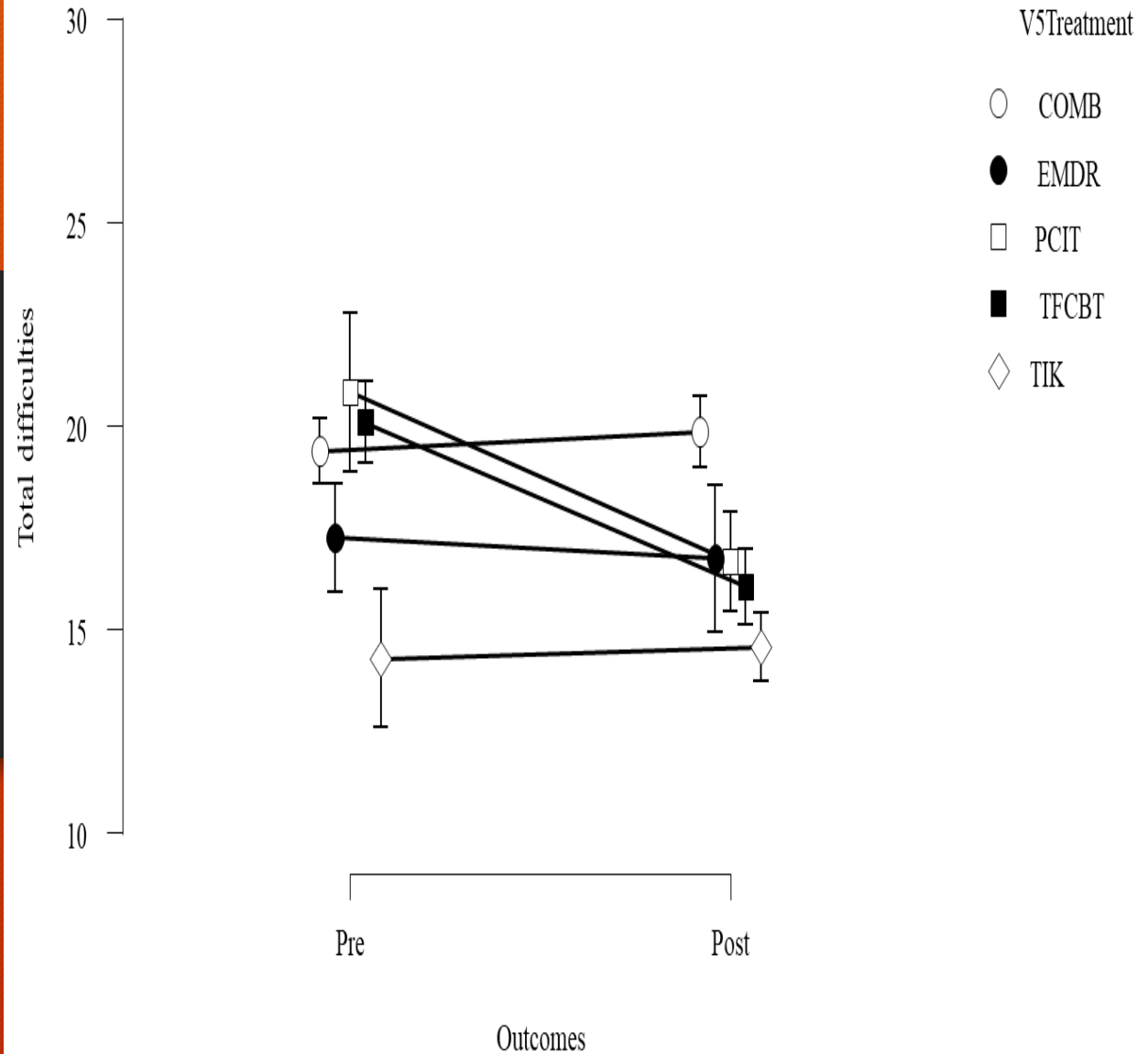
# Strengths and Difficulties Questionnaire

Results showed statistically significant outcomes for Aboriginal and non-Aboriginal children and young people  $F(1, 124) = 17.47, p = <.001, \eta^2_p = 0.124$ .

There was no significance difference between outcomes for Aboriginal children/young people when compared to non-Aboriginal young people  $F(1, 124) = 0.444, p = 0.507, \eta^2_p = 0.004$ .

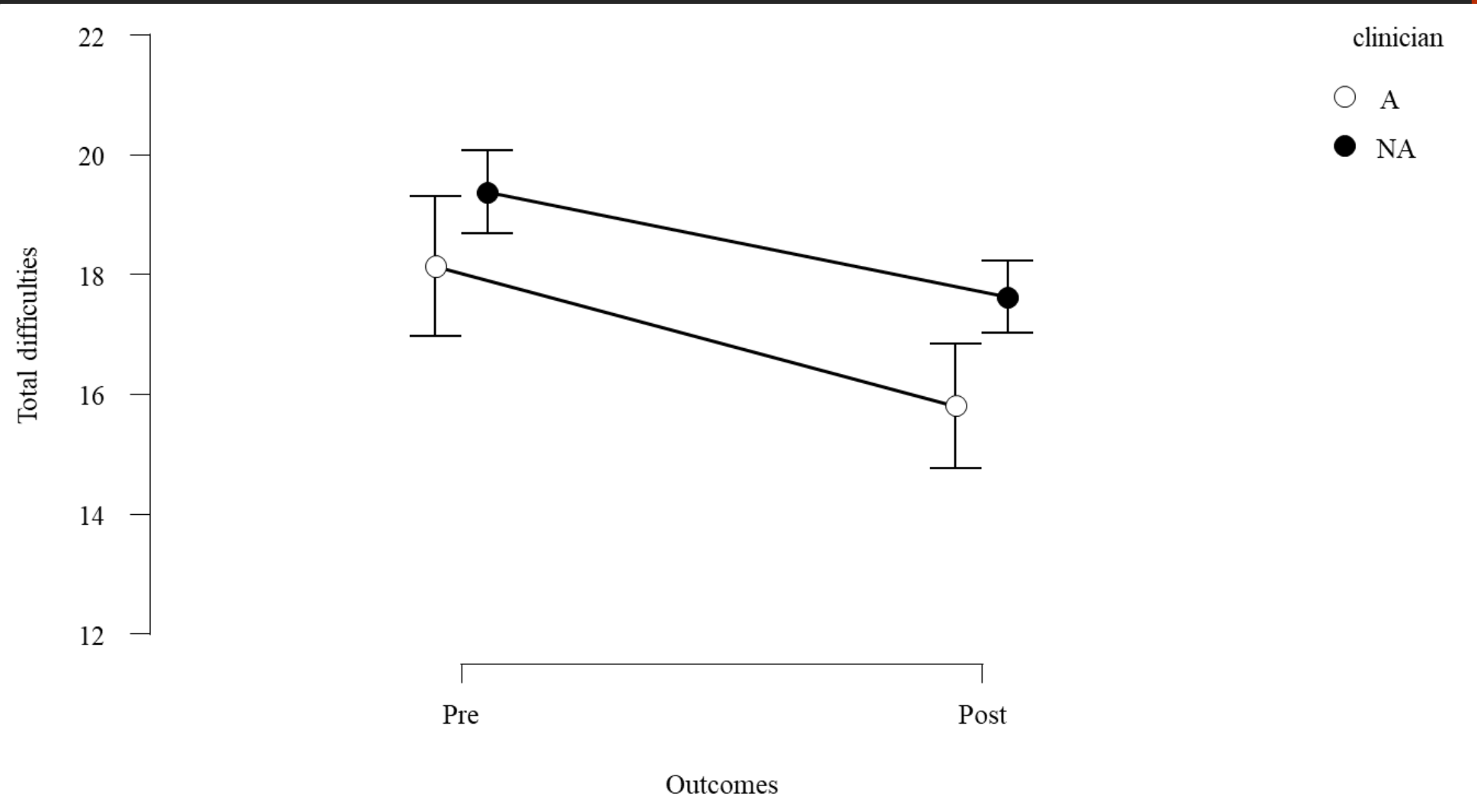


**Figure 4**  
*Outcomes SDQ Pre and Post for  
Aboriginal Children/Young  
People Across Five Treatments*



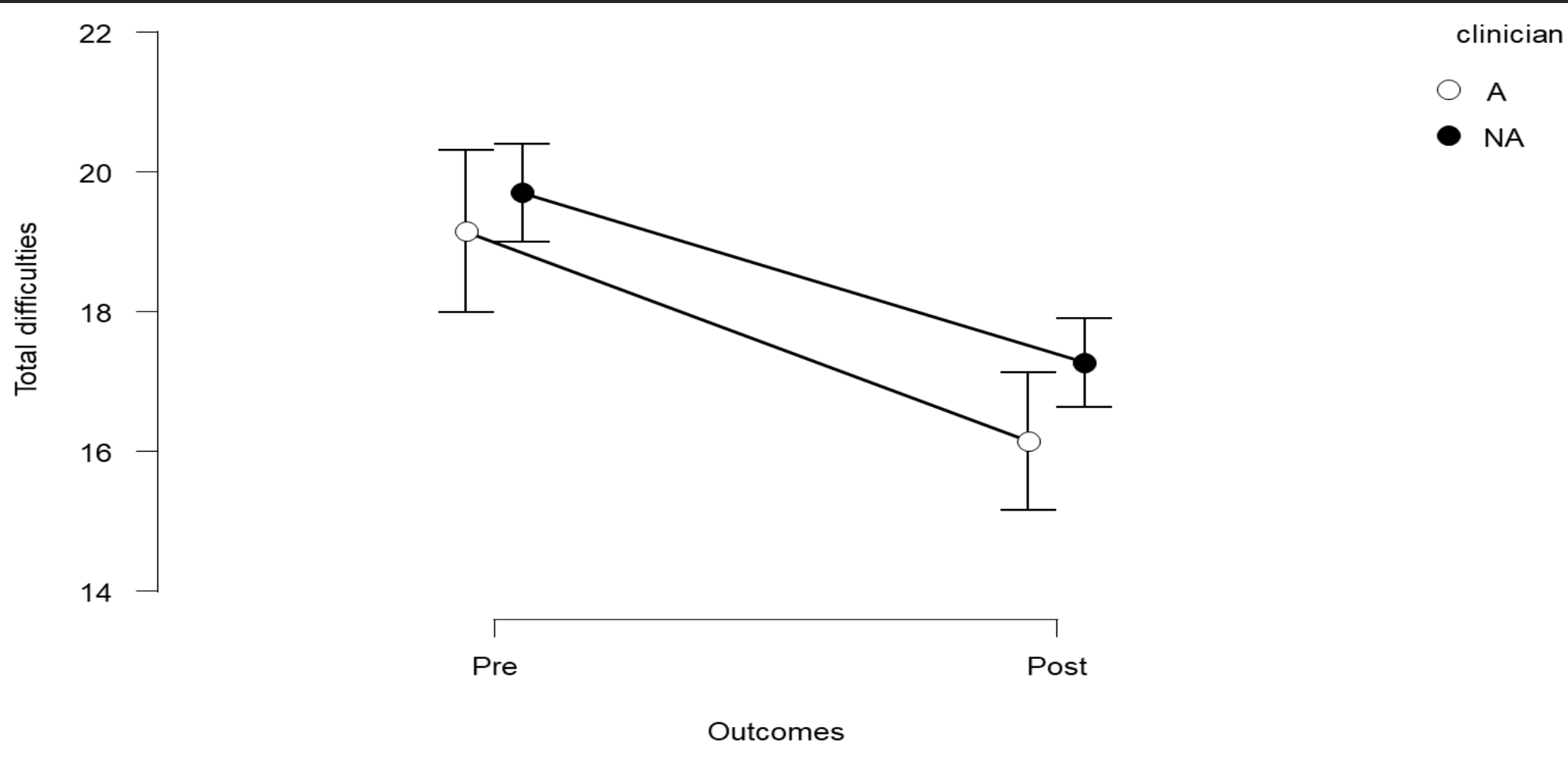
**Figure 5**

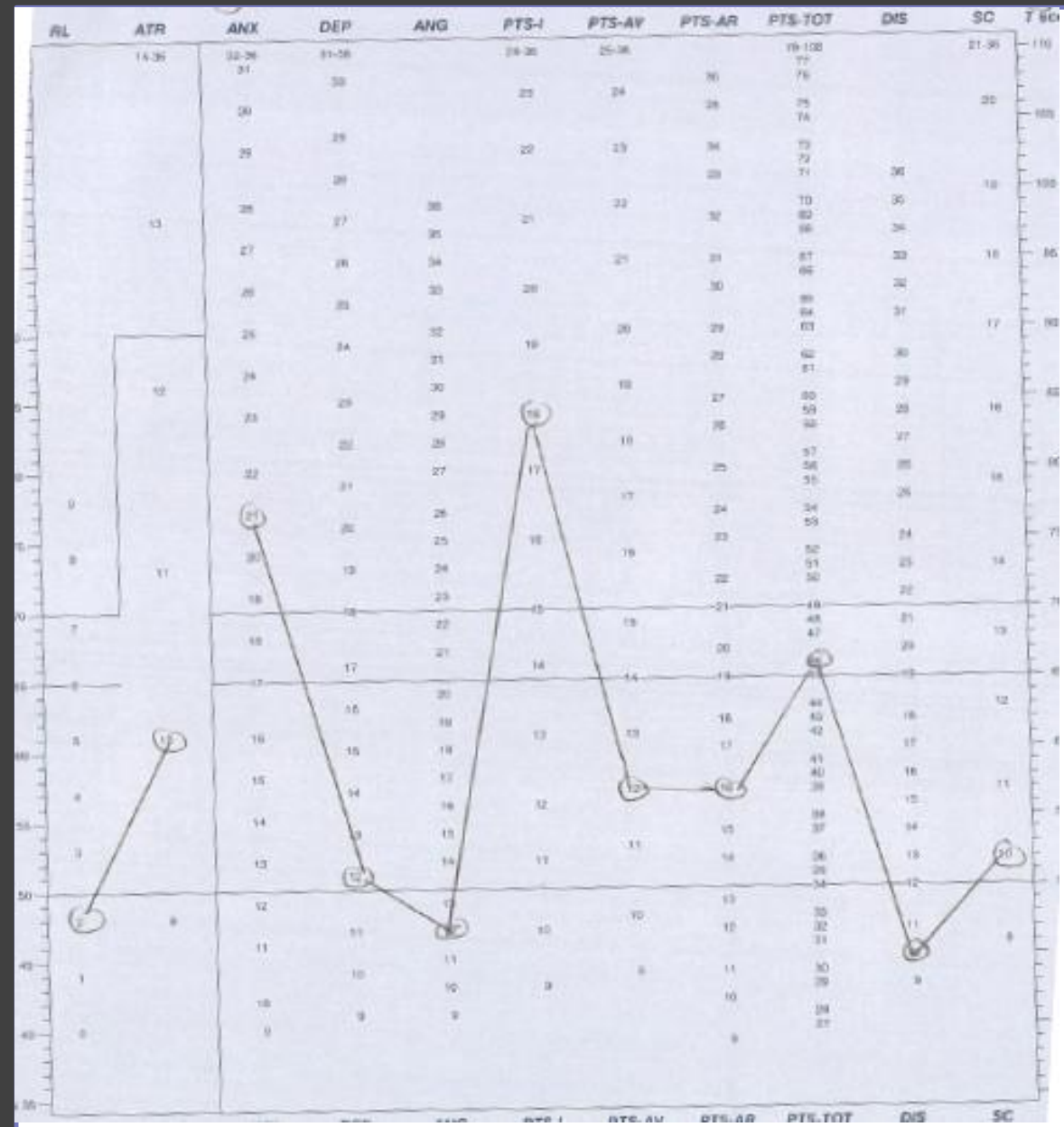
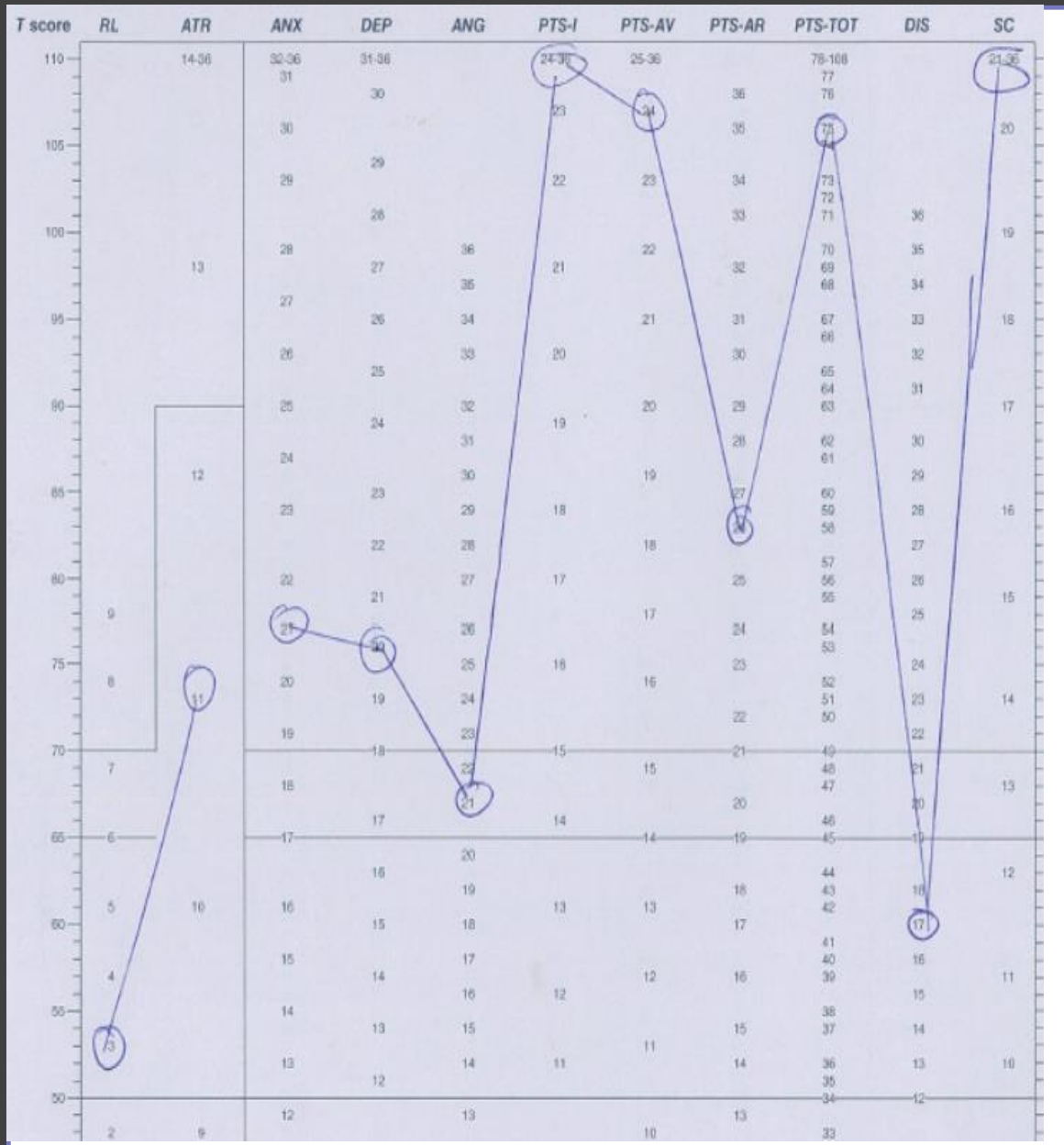
*Pre and Post Outcomes on the SDQ for Aboriginal Children/Young People and Culture of Clinician*



**Figure 6**

*Pre and Post Outcomes on the SDQ for Non-Aboriginal Children/Young People and Culture Of Clinician*





# DISCUSSION of results

- <https://linkssupport.dcj.nsw.gov.au/links-trauma-healing-service/referrals>

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