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Parent-Oriented Intervention Approaches in Traumatized Children

Travmatize Çocuklarda Ebeveyn Yönelimli Müdahale Yaklaşımları

Beyzanur Tosunoğlu[1], İsmail Seçer[1]

[1]Atatürk University, Erzurum

ABSTRACT

Childhood traumas are reported to cause significant short- and long-term mental health problems and life-long effects. An increasing number of early childhood trauma experiences and their role in this process have emerged. The option of compiling parent care intervention practices developed for the trauma of these children. These skills include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Alternative Cognitive Behavioral Therapy for Families (AF-CBT), Combined Parent Child Cognitive Behavioral Therapy (CPC-CBT), Child Parent Psychotherapy (CPP), Filial Therapy (FP), Parent Child Interaction Therapy (ECET), Trauma Oriented Parent Child Interaction Therapy (TF-PCIT), Parent Child Interaction Therapy for Children Affected by Natural Disaster (TND-PCIT) are introduced in general terms. The literature package points out that there are still limits to parent's individual interventions in child psychotherapy and that significant advanced and popularization studies have come to the fore in the international arena in recent years.
Keywords: Trauma, early interventions, parent-based intervention approaches

ÖZ

Çocukluk çağı travmaları kısa ve uzun vadede önemli ruh sağlığı sorunlarına yol açmakta ve yaşam boyu etkileri çalışmalar ile raporlanmaktadır. Giderek artan alan yazın çocukluk çağı travmatik yaşantılarında erken dönem müdahalelerinin ve ebeveynlerin bu süreçteki rolünün önemini ortaya koymaktadır. Bu çalışmada travmatize çocuklar için geliştirilmiş ebeveyn temelli müdahale uygulamalarının derlenmesi ve genel hatlarıyla tanıtılması amaçlanmıştır. Bu kapsamda Travma Odaklı Bilişsel Davranışçı Terapi (TF-CBT), Aileler için Alternatif Bilişsel Davranışçı Terapi (AF-CBT), Kombine Ebeveyn Çocuk Bilişsel Davranışçı Terapi (CPC-CBT), Çocuk Ebeveyn Psikoterapisi (CP), Filial Terapi (FP), Ebeveyn Çocuk Etkileşim Terapisi (PCIT), Travma Yönelimli Ebeveyn Çocuk Etkileşim Terapisi (TF-PCIT), Doğal Afetten Etkilenen Çocuklar için Ebeveyn Çocuk Etkileşim Terapisi (TND-PCIT) genel hatları ile ele alınmış ve derlenerek tanıtılmıştır. Alan yazın derlemesi çocuk psikoterapisinde henüz ebeveyn temelli müdahalelerin sınırlı olduğunu ve uluslararası alanda son yıllarda önemli gelişme ve yaygınlaştırma çalışmalarının ön plana çıktığına işaret etmektedir.
Anahtar sözcükler: Travma, erken dönem müdahaleler, ebeveyn temelli müdahale yaklaşımları

Introduction

Childhood experiences have a critical importance in shaping the social emotional physical characteristics of the individual and in the development of the basic qualities of personality. (Phillips and Shonkoff 2000, Vanderzee 2019, Daníelsdóttir et al. 2024). Natural disasters, sexual abuse, domestic violence, maltreatment , etc., which are called traumatic events in this critical period of child development, can be experienced in any period of life, but may be even more traumatic in this period. The fact that the child's developmental level is not yet complete and the child is directly exposed to the traumatic event, the perception of the child is formed by the family's reaction to the traumatic event and the emotional, cognitive and behavioural development of the child exposed to trauma is negatively affected, which increases the risk of possible mental health problems that may be seen in adulthood (Enoch 2011, Larsen et al. 2024). Childhood traumas are recognised as an important problem area in the field of mental health (Karal and Atak 2022).

Exposure to a traumatic event during childhood that causes the child to experience fear and anxiety that he or she cannot overcome and if this event causes short and long-term emotional and behavioral consequences on the child's mental health, It is called childhood trauma (Öztürk 2011, Karaçay et al. Güloğlu 2022). Factors such as witnessing or being exposed to trauma, being in a socioeconomically low-income family, family poverty, parental loss, having a single parent, peer rejection, being exposed to natural disasters etc., being adopted, witnessing adversities such as war etc., having refugee status, being exposed to domestic violence and negative

Address for Correspondence: Beyzanur Tosunoğlu, Atatürk University Institute of Educational Sciences, Department of Guidance and Psychological Counseling, Erzurum, Türkiye **E-mail:** beyzatosun7@gmail.com
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parental behaviours etc. are considered as important risk factors for childhood trauma (Dye 2018, Wang et al. 2023). However, there are some important personal and situational protective/positive factors that protect individuals against childhood trauma. As these factors, being male, having more psychosocial support, having a low level of education, having a good economic situation, having developed coping skills, having good social relations etc. can be shown. (Tambur et al. 2014, Baştuğ and Aslantaş 2021, Çokluk 2023, Georges and Nedence 2024).

Although children can develop similar reactions to traumatic events as adults, they show important behavioural and emotional indicators that differ. These indicators constitute the general characteristics of childhood traumas and it is seen that these indicators vary considerably in the studies analysed (American Psychiatric Association [APA] (2013)). Common symptoms of trauma in children include a significant increase in negative moods such as fear, anxiety and sadness, sleep disorders, social withdrawal, withdrawal, anger outbursts, difficulty focusing, increased startle behaviour, bedwetting, obsessive thoughts, avoidance behaviour etc. Although these symptoms develop as a reaction to the traumatic event, they can trigger various mental health problems in the short and long term in line with the protective and risk factors that the child has. Short-term reactions to traumatic events in children generally include symptoms such as bedwetting, inability to stay alone in the dark, attachment to parents, sleep disorders, introversion, difficulty in focusing, etc. are reported among the short-term results (Danışman and Okay 2017, Baker and Yıldız 2020, Schlechter et al. 2024).

On the other hand, long-term reactions to trauma in children include symptoms such as school attendance problems, academic failure, depression, suicidal tendencies, substance abuse, etc. (Danışman and Okay 2017, Baker and Yıldız 2020). Exposure to trauma in childhood also negatively affects the child's development process (Zlotnick et al. 2008). For this reason, traumatic events experienced in childhood may lead to long-term negative mental health problems in adulthood (Spataro et al. 2004, Yates et al. 2008, Lamont 2010, Güreşen and Dereboy 2024). These are post-traumatic stress disorder (PTSD) behavioral disorders (Kendall-Tackett et al. 1993), depression (Beitchman et al. 1991, Lee et al. 2018), eating disorders (Amianto et al. 2018), attention deficit hyperactivity disorder (ADHD) (Örn and Durmuş 2016), anxiety (Gül et al. 2016), personality disorders (Delisi et al. It is shown as 2019). Also Kendler et al. (2000) reported that childhood sexual abuse is associated with mental health problems such as anxiety and substance abuse in adulthood. Edwars et al. (2023) it can be said that the negative effects of traumatic events experienced in childhood can continue in adulthood and therefore, individuals who have traumatic experiences in childhood have a high risk of experiencing physical and emotional problems in adulthood. For this reason, early intervention to the symptoms of childhood trauma is thought to have a very important place in the prevention of possible short and long-term consequences.

As in childhood mental health problems, early interventions have an important place in traumatic experiences in order to recognise short and long-term possible consequences in advance and to prevent negative effects on life processes (Chase and Eyberg 2008, Agazzi et al. 2019). The aim of early intervention practices in traumatised individuals is to minimise the symptoms that occur after a traumatic event and to prevent mental health problems that may occur in the individual (Zehnder et al. 2006, Vanderzee et al. 2019). In addition, early interventions support children and families affected by trauma to carry out the process in a good way (Sun et al. 2024). For this reason, it is thought that early interventions have a critical importance in preventing traumatic symptoms of children. Identification of traumatised children experiencing traumatic events as soon as possible and early intervention to these children is very important in terms of reducing the likelihood of developing post-traumatic mental health problems (Kassam-Adams and Winston 2004, Denson et al. 2007, Berkowitz et al. 2011, Mitchell et al. 2021). In the research results supporting this, it is reported that early intervention practices are highly effective in reducing possible symptoms that may occur after a traumatic event, preventing PTSD (Michael et al. 2006) and possible long-term disorders after trauma (Litz et al. 2002, Berkowitz et al. 2011). At the same time, early intervention practices support families to cope with possible behavioural problems that may be seen in their children (Plath et al. 2016) and support children to understand and regulate their emotions and learn social communication skills (Webster-Stratton et al. 2001). Another purpose of early intervention practices is to support the social-emotional development of disadvantaged individuals, as well as to correct existing negative situations, improve parent-child interaction, and thus reduce existing problems and treat and prevent possible consequences (Beetz et al. . 2015) are also called multidisciplinary applications (Franco et al. 2012). Since parents play an important role in shaping children's emotional competence and behaviour, they are positioned as an important actor in the process of early interventions for childhood adjustment and behaviour problems (Havighurst et al. 2015). In recent years, in therapeutic interventions for children who have experienced trauma, parents are placed at the center of the process and are enabled to undertake an important healing function (Gurtwich et al. 2022, Warren et al. 2022, Seçer and Briegel 2024). Trauma-focused parent-oriented interventions directly address the child's traumatic experiences, involve parents in the therapy process,

and focus on improving the traumatic symptoms in the child as well as educating parents about trauma and implementing effective interventions and interactions with traumatized children (Cohen et al. 2010). The aim of parent-focused early intervention practices is to support children to develop themselves physically, cognitively and emotionally, to develop their own competences and to improve possible symptoms (Goldfinch 2009). Children also largely need their parents to meet their emotional psychological and physical needs (Kiser et al. 2020). For this reason, it is thought that the intervention applied for the positive progress of the post-traumatic recovery process will be more effective when it is carried out together with a securely attached parent-child relationship (Osofsky et al. 2017, Kiser et al. 2020). Research results also support these statements. Chronis et al. (2007) the use of effective parenting skills through early intervention is reported to be a protective factor in preventing negative long-term outcomes and negative behavioural problems in children. Warren et al. (2022) in children exposed to maltreatment and Seçer and Briegel (2024) in young children traumatised due to disasters etc. reported that parent-based early interventions were effective in reducing trauma symptoms as well as emotional and behavioural problems in children. Another important finding that comes to the fore in these studies is the reporting of positive psychosocial gains not only for children but also for parents in parent-based interventions. Common to both studies is that positive results were reported in terms of parenting stress and emotion regulation difficulties of parents who participated in the intervention process. Although limited, the existing literature indicates that early parent-based interventions show promising gains for both children and their parents. These results are important for the literature because traumatised children can become a source of secondary trauma as well as being emotionally challenging for their parents. In line with the information given and reviewed in the literature, it is understood that various parent-based and early intervention practices for traumatised children in the field of child psychotherapy are widespread in the international literature. Although there is a significant need in this direction in Turkey, there have been important developments in the field of child psychotherapy in recent years and different intervention approaches have been developed or adapted to Turkish culture and dissemination studies have been carried out (Özkaya 2015, Karaca 2021, Kurtça 2022, Ulaş 2022, Bülbül 2024, Tosunoğlu 2024). However, early parent-based intervention, which is widely used internationally, is not yet sufficiently known or used by mental health professionals in Turkey. It is thought that this situation constitutes an important limitation for both parents, policy makers and mental health workers in the field. Based on this limitation, in this research process, it was aimed to review and introduce parent-based early intervention practices that are widely used in the national and international field for traumatised children. It is thought that this review process may shed light on the development of awareness about early parent-based intervention practices in our country. In addition, it is thought that the inclusion of basic information about parent-based intervention approaches applied to traumatized children in a review study will provide important guidance for field experts, policy makers and future research who will conduct research, practice in this regard.

The following criterions are taken as basis for the intervention practices reviewed within the scope of the research

1. The fact that the intervention approaches are based on a certain theory
2. Having the nature of an early stage intervention application
3. That parents are positioned as an important executor of the process
4. Therapy protocols etc. finding the contents
5. Incorporating only trauma-focused parent-based intervention approaches
6. Involving both parent and child in the intervention process

The intervention practices considered in this study are discussed in the context of the above-mentioned criteria, and the interventions determined to be within the scope are explained in general terms below.

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)

Trauma-focused cognitive behavioural therapy (TF-CBT) is the most common intervention approach used for children and adolescents exposed to traumatic events (Cohen et al. 2006). TF-CBT is applied for children between the ages of 3-18 who have been exposed to traumatic events and exhibit depression symptoms and behavioural problems due to trauma (Matthew et al. 2017). This intervention lasts approximately 12-25 sessions (Cohen et al. 2012). The sessions consist of both individual child sessions and sessions involving parents and child together (Cohen and Mannario 2015). TF-CBT mainly combines trauma interventions with cognitive behavioral principles, while at the same time making use of family developmental neurobiology and attachment factors to best meet the needs of traumatized children and families (Cohen et al. 2006). With the TF-CBT

intervention approach, it is aimed to improve emotional and cognitive impairments, to support children and their parents to make sense of the traumatic event, to identify reminders of traumatic events seen in the child, to learn to avoid them and to strengthen the child's perception of safety (Carry and McMillen 2012). In addition, this intervention approach focuses on helping parents improve their parenting skills and teaching them ways to support their children (Weiner et al. 2009). TF-CBT consists of 8 components: psychoeducation and effective parenting skills, relaxation exercises, understanding and regulating emotional expressions, cognitive coping, narration and reprocessing of the traumatic event, gradual exposure, parent-child sessions and increasing safety and future development (Carry and McMillen 2012). These components support children and adolescents to cope with traumatic memories, overcome incompatible thoughts and behaviors, develop effective coping and interpersonal skills (Wang et al. 2023). In addition, the therapist also teaches children various cognitive behavioral physiological skills that they can use outside the session to regulate their emotions (Lewey et al. Oct. 2018). This treatment method has been effective in the treatment of children who experience mental health problems such as anxiety and depression as a result of traumatic life events, exhibit introversion and internalized behaviors, suffer from feelings of insecurity and shame (Weiner et al. 2009). A study conducted by Pleines (2019) concluded that pre-school children showed improvement in PTSD symptoms with TF-CBT intervention. It has been reported that there is progress in effective parenting skills and an improvement in children's behavioral problems after TF-CBT intervention (Deblinger et al. 2011).

Alternative Cognitive Behavioral Therapy for Families (AF-CBT)

Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT) is an evidence-based intervention method applied to families with children aged 5-15 who are verbally affected by conflicts within the family, have been exposed to physical or emotional abuse, or have behavioral problems (Herschell et al. 2012). This intervention method consists of three basic stages and eighteen interviews. The interviews are carried out both separately and together for the child and the parents and include individual and joint sessions. Psychoeducation is carried out in the first stage, the second stage focuses on developing the child's individual skills, and in the last stage, various practices are carried out to transfer the skills acquired in the first two stages to the family environment (Mega 2019). A family-oriented approach is adopted in AF-CBT and designed to address the risks of exposure to emotional and physical abuse of the child, as well as its consequences (Herschell et al. 2012). Traditionally, AF-CBT aims to strengthen family functioning and increase the interaction between parent and child (Kolko 2002). After applying AF-CBT therapy to the abused child, it was concluded that there was an improvement in the repetition rates of physical abuse of the parent's child and in the child's behavior (Kolko 2002).

Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT)

Combined parent-child cognitive behavioral therapy (CPC-CBT) is a trauma-oriented intervention approach used for parents who have been subjected to or have suffered physical abuse and their traumatized children (Schneider et al. 2013). CPC-CBT consists of three components: parent intervention, child intervention, parent-child intervention. Parents and children attend sessions once a week for a total of sixteen weeks, provided that the session duration is two hours (Kjellgren et al. 2013). The goals of the therapy process include reducing the risk of recurrence of physical abuse incidents, supporting parents to correct misinterpretations of their children's behavior, teaching parents anger management and nonviolent child management skills, increasing parent-child interaction and improving the emotional harmony of the child (Runyon et al. 2009). During the process, the therapist conducts motivational interviewing psychoeducations to parents as therapeutic skills and supports them in developing effective parenting skills. On the other hand, it teaches coping skills to children, ensures the development of anger management skills and provides gradual exposure for a history of trauma (Runyon et al. 2004). It has been reported that after the implementation of CPC-CBT intervention, there were improvements in post-traumatic stress symptoms, parents' anger towards their children, consistent parenting skills and children's behavioral problems (Runyon et al. 2009, Runyon et al. 2010).

Child-Parent Psychotherapy (CPP)

Child parent psychotherapy (CPP) is a trauma-oriented intervention approach applied to children aged 0-5 who have been exposed to a traumatic event or have experienced behavioral or emotional problems as a result of witnessing (Reyes et al. 2017). The duration of application varies from case to case and is generally applied once a week for a period of 10-12 months (Hoffnung-Assouline and Knei-Sun 2024). CPP, covers trauma-oriented cognitive developmental, behavioral, social learning theories and cognitive behavioral intervention techniques

and is mainly based on attachment theory (Lakatos et al. 2019). While CPP obtains information about the child's perspective, it uses various techniques to understand both developmental deficiencies and problems arising from exposure to trauma that affects the attachment relationship between the child and parent (Hutchinson 2020). CPP focuses on the reworking of traumatic experience in a relational context by using the game together with parent-child interaction and helping parents to respond effectively to their children's emotions and behaviors (Schneider et al. 2013), it supports parents to normalize their reaction to traumatic events, describe their children's emotions (Lieberman and Van Horn 2005), and make sense of the child's past experiences, learn new ways to express their emotions (Lamb and Sullivan 2021). At the same time, in the CPP intervention approach, play is seen as a tool for children to express their emotions, control their relationships and experiences (Norlen et al. 2021). With the CPP intervention approach, it is aimed to restore the child's sense of trust, regulate affect, strengthen the relationship between the child and the parent (Reyes et al. 2017), and also reduce the stress of the parents and improve behaviors towards the child (Norlen et al. 2021). After CPP application, children's traumatic parents experienced a decrease in depression stress symptoms and an increase in parent-child interaction (Lavi et al. October 2015, Toth and Manly 2019) and in addition, the effectiveness of CPP has also been reported in maintaining cognitive development in children of mothers with depression and increasing the rates of secure mother-child bonding (Cicchetti et Dec. 2000).

Filial Therapy

It is defined as a structured evidence-based short-term play therapy model that aims to educate children's parents at the point of applying child-focused play therapy sessions and guide them throughout the session (Özkaya 2015). Filial therapy is applied to children between the ages of 3 and 10 (Akça 2022). Filial therapy strengthens the parent-child relationship, as well as supporting parents to learn new and effective skills. For this reason, after therapy, parents can be more effective in coping with the difficulties they face about their children (Özkaya 2015). Therapy consists of 4 skills: structuring, empathic listening and responding, following the child's leadership, and setting boundaries. The therapist supports the parents to reach the level of competence during the therapy. Filial therapy has goals for children and parents. Creating a sense of freedom and responsibility for the child, developing the child's sense of self-confidence and control, facilitating the decision-making process and ensuring that he expresses himself easily when evaluating among the goals of children empathy at the point of the child's concerns, understanding the importance of showing interest in playing games, displaying a caring attitude towards oneself and one's child, developing listening skills and self-confidence at the point of parenting, and finally reducing parental stress it is evaluated among the goals of parents (Akça 2022). Among the main features of filial therapy, the importance of play in child development is emphasized (VanFleet and Topham 2015). Filial therapy in children with chronic diseases (Tew et al. 2002) at the point of interaction of unemployed parents with their children (Myrick et al. 2018) in reducing the stress of parents (Foley et al. 2006) it is reported to be effective in children's behavioral problems and parenting stress (Athanasiou and Gunning 1999)

Parent-Child Interaction Therapy (PCIT)

Parent-child interaction therapy (PCIT) is a parent-based early intervention application aimed at reducing these behavioral problems in children between the ages of 2 and 7 who experience behavioral and emotional problems (Eyberg 1988, Funderburk and Eyberg 2011). The standard PCIT is mainly considered as an evaluation-oriented parent-child interactive model that combines play therapy and behavioral therapy techniques (Eyberg 1988). It is based on social learning and attachment theories (Hembree-Kigin and McNeil 2013). During the therapy, the therapist coaches the parents through a one-way mirror and communicates with the parents with the help of headphones and directs the process for the maximum development of therapy skills (Lieneman et al. 2017). Inclusion of parents in sessions with their children It is considered that the Standard PCIT is unique in terms of giving the therapist the opportunity to practice the skills taught to parents during the process and providing live coaching to parents (Wagner and McNeil 2008). Standard PCIT consists of a two-stage process and lasts an average of 15-20 sessions, although it varies from case to case (Briegel 2016). Before both stages of the standard PCIT, the therapist conducts a teaching session to the parents without the child's participation. After the teaching session, the first stage, called child-oriented interaction (CDI), is started. The general principle of this first stage is to allow the child to manage the playing time together with the parent (Woodfield and Cartwright 2020). Strengthening the secure decoupling between parent and child by following the child's lead at this stage (Lienemann et al. 2017) and reinforcing positive behaviors while actively ignoring the negative behaviors seen in the child, it is aimed to improve the child's self-confidence and positive self-perception (Funderburk and Eyberg 2011). That's why the therapist coaches parents to teach specific skills. After the parents meet the specialization criteria determined by the PCIT protocol, the second stage of the therapy process is started

(Wagner and McNeil 2008). In the second phase, called parent-oriented interaction (PDI), while the game is continued on the basis of parental leadership (Briegel 2016), it is aimed to increase the child's compliance, reduce their negative behaviors and improve the parents' disciplinary skills (Lieneman et al. 2017). At this stage, the therapist coaches parents to give them clear direct commands to manage their children's behavior while focusing their attention on their children's positive behaviors, and positive parenting skills are taught and converted into practice (Wagner and McNeil 2008).

Standard PCIT has been reported to be effective in reducing disruptive behavior disorders in young children (Schuhmann et al. 1998, Nixon et al. 2003), ADHD (Nixon 2001), separation anxiety disorder (Choate et al. 2005), ASD (Solomon et al. 2008), as well as in reducing trauma symptoms in maltreated children and lowering the likelihood of repeated maltreatment (Chaffin et al. 2004, Timmer et al. 2005, Pearl et al. 2012, Thomas and& Zimmer-Gembeck 2012, Warren et al. 2022). Standard PCIT is effective on children experiencing emotional behavioral problems in terms of increasing parent-child interaction, adaptation skills in children, and traumatized children. However, the Standard PCIT process does not include an additional module that can be applied to traumatized children. For this reason, two new modules called Trauma-Oriented Interaction (TDI) have been developed (Gurtwich and Warner-Metzger 2022, Seçer and Briegel 2024). The effectiveness of the first TDI module was determined by Warren et al. (2023) selects the effectiveness of the second TDI module when reporting on a child who has been subjected to maltreatment in out-of-home care, and Briegel (2024) reported on children who have been traumatized after an earthquake experience.

PCIT-TDI: Trauma Direction Interaction-TDI

It can be considered as a new trauma-oriented module developed on the basis of PCIT and added to the standard PCIT. In the Trauma-Oriented Interaction (TDI) module, it is aimed to teach parents functional skills that a child can use to cope with traumatic symptoms. The module is implemented after the CDI stage of the Standard PCIT.

There are two different TDI modules prepared with PCIT focus in the field summer and their effectiveness is reported. The first of these modules was developed by Gurtwih et al. (2002) it is the module developed. As in the CDI and PDI modules of the standard PCIT, in this module, the therapist first organizes a teaching session for childless parents, and trauma-oriented skills are taught at this stage. However, while performance-oriented progress is available in the CDI and PDI modules of the Standard PCIT, the TDI module consists of a total of 4 sessions, including 1 teaching session and 3 coaching sessions. In this module, the Subjective Distress Units Scale, rated from 0 to 10, is used in addition to the inventories used in the Standard PCIT process. Module TDI teaching session consists of 5 subcomponents: trauma psychoeducation, distinguishing between the child's sadness and trauma reactions, determining the parent's reactions to traumatic activators (SAFE skills), and finally determining the child's reactions to traumatic activators (COPE skills). First of all, during the teaching session, the therapist addresses all the questions and concerns of the parents. In addition, it tells the parent about the skills that are required to be applied in the module as a role model. After the completion of the trauma teaching session, the trauma psychoeducation phase is started. Psychoeducation is given by a therapist and the purpose is to name the traumatic situation in the child. In this session, first of all, the effects of the traumatic event on the child and how these effects are reflected on the child through which behaviors are discussed. In addition, the sound, smell, which reminds the child of the traumatic event and increases his restlessness, the situation, the scene, etc. an activity page that supports the identification is filled in by both the parent and the child. The child may sometimes exhibit a sad attitude other than a traumatic event. Therefore, secondly, it is considered to make this distinction. That's why the therapist works on the relationships Decoupled between behaviors and the traumatic situation. This studied condition, on the other hand, can support parents about how their children should be treated. Expressing emotions, validating them, and handling related emotions are the parent's reactions to activators, and SAFE skills are called relaxation exercises, openness to emotions, positive reaction, and self-expression are the child's reactions to activators and are called COPE skills. After the completion of the sessions, the PDI phase of the Standard PCIT is started (Gurwitch and Warner-Metzger 2022, Ulas 2023). After the application of this module, it is reported that it is effective in reducing both the traumatic and behavioral symptoms of the child and the psychological problems of the parent (Warren et al. 2023).

The second TDI module developed based on PCIT is called Trauma-Oriented Parent-Child Interaction Therapy (TND-PCIT) and is the module developed by Seçer and Briegel (2024) for traumatized children aged 2-8 who were affected by the Kahramanmaraş earthquake in 2023. This module mainly includes comprehensive interventions for children who have been affected by natural disasters and traumatized and their parents. The general contents of this module and the implementation processes are as follows:

TND-PC IT is a specific module that is designed based on standard PCIT protocols, has trauma-oriented specialization criteria, has no parent-based time limitation and is applied for therapeutic purposes. As in the TDI module designed by Gurtwitch et al. (2022), this module is implemented after the CDI phase. Module earthquake in children, etc. determining what the symptoms that occur after natural disasters are, how to understand the relationship of these symptoms to the traumatic event and the reactions to these symptoms, as well as providing children October in addition to parents to understand the traumatic symptoms themselves after this traumatic event and support them to manage these symptoms effectively provides quite detailed information. In this context, the module consists of 4 components: trauma psychoeducation, colored breaths application, emotional support and security perception strengthening session. In this module, the therapist should teach parents the specific skills of a role model, etc. he teaches using techniques. In addition, the therapist provides training to parents for the activity to be performed that day before each coaching session. After the completion of the training, the child is included in the process again and the coaching session begins. The therapy process of the TDI module continues with coaching sessions and coding. After the achievement of the specialization criteria determined for each stage in this module, the module is completed successfully (Seçer and Briegel 2024). After that, the PDI module, which is the last stage of the process, is switched to. This module was developed by Gurwitch et al. (2022) the existence of specialization criteria from the TDI module differs in terms of not having time constraints and applying them to traumatized children after an earthquake.

During the research, web of science (WOS), Google scholar, Scopus, ProQuest databases were used while scanning. For this reason, this research has a limitation in terms of trauma-oriented parent-based intervention approaches found in other databases. The concepts of childhood, childhood traumas, childhood trauma, trauma, trauma focused parent-based intervention approaches, trauma-oriented parent-based intervention approaches were used in the screening process. Another limitation is that although there are many therapy methods used for Trauma, only trauma-oriented, parent-based and intervention approaches involving both parent and child have been examined in this review. Intervention approaches applied only to children or only to parents have been excluded. Therefore, it is evaluated that there is a need for research that includes all trauma-oriented early intervention practices and also makes effectiveness comparisons in order to reveal a broader point of view.

Conclusion

Natural disaster, domestic violence, neglect and abuse, migration, loss of parents, etc. exposure to situations or witnessing these events is called childhood trauma. Childhood trauma leads to mental health problems in the short and long term. In the long term of childhood trauma, post-traumatic stress disorder depression anxiety attention deficit and hyperactivity disorder eating disorders, etc. considering that it causes mental health problems, it can be said that it is very important to be treated at an early stage. Considering increasing parents' adaptation to children's emotional competence and reducing behavioral problems as the most important factors of the process, it suggests that the intervention method to be applied may be more effective if it is parent-oriented.The effectiveness of parent-oriented intervention approaches applied to children in childhood has been proven as a result of scientific studies (Gurtwich et al. 2022, Warren et al. 2022, Seçer and Briegel 2024).

With the study, a review of various parent-based and early intervention practices for traumatized children in the field of child psychotherapy was conducted in the international field summer. In the study, the intervention process of trauma-oriented parental intervention approaches, the effectiveness of intervention, theoretical knowledge, etc. detailed information has been provided about him. Based on the information collected, filial therapy seems to include the game in the process in addition to the parents in PCIT intervention approaches. In addition, TF-CBT, AF-CBT, CPC-CBT intervention approaches have sessions conducted separately for single parents, single children and both parents and children during the therapy period, while Filial Therapy, CPP, PCIT conducts sessions with the joint participation of parents and children during the entire therapy period.

In addition, the Standard PCIT and the TND-PCIT module developed by Seçer and Briegel (2024) have specialization criteria that must be provided for the completion of the therapy process, while the TDI module developed by Gurtwich and Warner-Metzger (2022) has no specialization criteria. The effectiveness of these intervention approaches has been reported in case studies conducted. Finally, the effectiveness of Filial therapy (Özkaya 2015, Öztekin and Gülbahçe 2019), Standard PCIT (Ulaş 2022), TDI module developed in addition to Standard PCIT (Bülbül 2024, Tosunoğlu 2024) was reported on the sample in Turkey. However, it is thought that the effectiveness of these therapy approaches remains limited in a larger sample group. In this context, it is estimated that testing randomized controlled experimental designs on different samples in the future will contribute to the expansion of the perspective of mental health professionals and researchers.

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