

Treatment Classification Criteria Used by the Office for Victims of Crime's (OVC's) Guidelines for the Psychosocial Treatment of Intrafamilial Child Physical and Sexual Abuse

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Treatment Classification System

1. Well-supported, efficacious treatment
2. Supported and probably efficacious treatment
3. Supported and acceptable treatment
4. Promising and acceptable treatment
5. Novel and experimental treatment
6. Concerning treatment

1. Well-supported, Efficacious Treatment

- The treatment has a sound theoretical basis in generally accepted psychological principles.
- A substantial clinical-anecdotal literature exists indicating the treatment's efficacy with abused children, their parents, and/or their families.
- The treatment is generally accepted in clinical practice as appropriate for use with abused children, their parents, and/or their families.
- There is no clinical or empirical evidence or theoretical basis indicating that the treatment constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The treatment has a manual that clearly specifies the components and administration characteristics of the treatment that allows for replication.
- At least two randomized, controlled outcome studies have demonstrated the treatment's efficacy with abused children, their parents, and/or their families; meaning the treatment was demonstrated to be better than placebo, or no different or better than an already established treatment.
- If multiple outcome studies have been conducted, the large majority of outcome studies support the efficacy of the treatment.

2. Supported and Probably Efficacious Treatment

- The treatment has a sound theoretical basis in generally accepted psychological principles.
- A substantial clinical-anecdotal literature exists indicating the treatment's efficacy with abused children, their parents, and/or their families.
- The treatment is generally accepted in clinical practice as appropriate for use with abused children, their parents, and/or their families.

- There is no clinical or empirical evidence or theoretical basis indicating that the treatment constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The treatment has a manual that clearly specifies the components and administration characteristics of the treatment that allows for implementation.
- At least two studies utilizing some form of control (e.g., wait list, untreated group, placebo group) have established the treatment's efficacy over the passage of time, efficacy over placebo or found it to be comparable to or better than an already established treatment.
- If multiple outcome studies have been conducted, the large majority of outcome studies support the efficacy of the treatment.

3. Supported and Acceptable Treatment

- The treatment has a sound theoretical basis in generally accepted psychological principles
- A substantial clinical-anecdotal literature exists indicating the treatment's efficacy with abused children, their parents, and/or their families.
- The treatment is generally accepted in clinical practice as appropriate for use with abused children, their parents, and/or their families.
- There is no clinical or empirical evidence or theoretical basis indicating that the treatment constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The treatment has a manual that clearly specifies the components and administration characteristics of the treatment that allows for implementation.
- At least one group study (controlled or uncontrolled), or a series of single subject studies have demonstrated the efficacy of the treatment with abused children, their parents, and/or their families, OR a treatment that has demonstrated efficacy with other populations, has a sound theoretical basis for use with abused children, their parents, and/or their families, but has not been tested or used extensively with these populations.
- If more than one outcome study has been conducted, the large majority of the outcome studies support the efficacy of the treatment.

4. Promising and Acceptable Treatment

- The treatment has a sound theoretical basis in generally accepted psychological principles.
- A substantial clinical-anecdotal literature exists suggesting the treatment's efficacy with abused children, their parents, and/or their families.
- The treatment is generally accepted in clinical practice as appropriate for use with abused children, their parents, and/or their families.
- There is no clinical or empirical evidence or theoretical basis indicating that the treatment constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The treatment has a manual or other writings that specifies the components and administration characteristics of the treatment that allows for implementation.

5. Novel and Experimental Treatment

- The theoretical basis for the treatment is a novel and unique, but reasonable, application of accepted psychological principles.
- A small and limited clinical literature exists to suggest the efficacy of the treatment.
- The treatment is not widely used or generally accepted by practitioners working with abused children.
- There is no clinical or empirical evidence or theoretical basis suggesting that the treatment constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The treatment has a manual or other writings that specifies the components and administration characteristics of the treatment that allows for implementation.

6. Concerning Treatment

- The theoretical basis for the treatment is unknown, a misapplication of psychological principles, or a novel, unique, and concerning application of psychological principles.
- Only a small and limited clinical literature exists suggesting the efficacy of the treatment.
- There is a reasonable theoretical, clinical, or empirical basis suggesting that compared to its likely benefits, the treatment constitutes a risk of harm to those receiving it.
- The treatment has a manual or other writings that specifies the components and administration characteristics of the treatment that allows for implementation.