NCTSN The National Child Traumatic Stress Network

ITCT: Integrative Treatment of Complex Trauma

GENERAL INFORMATION

Treatment Description	**Acronym** *(abbreviation)* **for intervention:** ITCT **Average length/number of sessions:** 16 to 36 **Aspects of culture or group experiences that are addressed** *(e.g., faith/spiritual component, transportation barriers)*: Relevant for a range of cultural groups and addresses specific challenges for more disadvantaged groups. **Trauma type** *(primary)*: Physical abuse, sexual abuse, emotional abuse and neglect, community violence, domestic violence, medical trauma, traumatic loss. **Trauma type** *(secondary)*: Parental substance abuse **Additional descriptors** *(not included above)*: Most clients with complex psychological trauma present with more than one type of trauma and frequently have parent-child attachment issues (e.g., parental abandonment, multiple foster placements).
Target Population	**Age range:** 2 **to** 21 **Gender:** ❒ **Males** ❒ **Females** ☒ **Both** **Ethnic/Racial Group** *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)*: Hispanic-American, African-American, Caucasian, Asian-American **Other cultural characteristics** *(e.g., SES, religion)*: Applicable for all SES groups; particularly adapted for economically disadvantaged and culturally diverse clients. **Language***(s)*: Interventions also adapted in Spanish **Region** *(e.g., rural, urban)*: Urban; can be adapted for rural clients.
Essential Components	**Theoretical basis:** Assessment-driven treatment, with standardized trauma specific measures administered at 3 month intervals to identify symptoms requiring special clinical attention. ITCT is based on developmentally appropriate, culturally adapted approaches that can be applied in multiple settings: outpatient clinic, school, hospital, inpatient and involves collaboration with multiple community agencies. **Key components:** Treatment follows standardized protocols involving empirically-based interventions for complex trauma and includes multiple treatment modalities: cognitive therapy, exposure therapy, play therapy, and relational treatment in individual and group therapy. Specific collateral and family therapy approaches are also integrated into treatment. • Therapeutic exposure and exploration of trauma is facilitated in a developmentally–appropriate and safe context, balanced with attention to increasing affect regulation capacities, enhanced self-esteem, and a greater sense of self-efficacy.

ITCT: Integrative Treatment of Complex Trauma

Essential Components continued	• ITCT incorporates specific approaches for complex trauma treatment including aspects of the Self Trauma model (Briere, 2002; Briere & Scott, 2006), Trauma-Focused Cognitive Behavioral Therapy (Cohen et al., 2004), and traumatic grief therapy (Saltzman et al., 2003). • The relationship with the therapist is deemed crucial to the success of therapy; safety and trust are necessary components. • Multiple adaptations for (a) children presenting to clinic and (b) children in the school system. • Clients receive treatment based on needs identified through regular administration of standardized assessment protocols, developmental and cultural considerations. • Immediate trauma-related issues such as anxiety, depression, and posttraumatic stress are addressed earlier in treatment (when possible), in order to increase the capacity to explore more chronic and complex trauma issues. • Complex trauma issues are addressed as they arise, including attachment disturbance, chronic negative relational schema, behavioral and affect dysregulation, interpersonal difficulties, and identity-related issues.
Clinical & Anecdotal Evidence	**Are you aware of any suggestion/evidence that this treatment may be harmful?** **❒ Yes ☒ No ❒ Uncertain** **Extent to which cultural issues have been described in writings about this intervention** *(scale of 1-5 where 1=not at all to 5=all the time)***.** 5 **This intervention is being used on the basis of anecdotes and personal communications only** *(no writings)* **that suggest its value with this group.** **❒ Yes ☒ No** **Are there any anecdotes describing satisfaction with treatment, drop-out rates** *(e.g., quarterly/annual reports)***? ☒ Yes ❒ No** **If YES, please include citation:** NCTSN 2004-2005 Annual Report **Has this intervention been presented at scientific meetings? ☒ Yes ❒ No** **If YES, please include citation***(s)* **from last five presentations:** ISTSS (2002, 2003); NCTSN All-Network Meeting (2003, 2004, 2005, 2006); APSAC (2004, 2006) **Are there any general writings which describe the components of the intervention or how to administer it? ☒ Yes ❒ No** **If YES, please include citation:** *Principles of trauma therapy* (Briere & Scott, 2006)

ITCT: Integrative Treatment of Complex Trauma

Clinical & Anecdotal Evidence continued	**Has the intervention been replicated anywhere?** ☒ **Yes** ❒ **No** **Other countries?** *(please list)* Multiple trainings in Canada, New Zealand, Scotland	
Research Evidence	**Sample Size (N) and Breakdown** *(by gender, ethnicity, other cultural factors)*	**Citation**
Pilot Trials/Feasibility Trials *(w/o control groups)*	**Two studies:** **N=**21 (storefront/ alternative school) **N=**11 (regular school-based) **By gender:** male and female (vary by study) **By ethnicity:** Hispanic-American, African-American, Caucasian, Mixed (vary by study)	Not yet published (presented at multiple conferences).
Other Research Evidence	**Clinic Based, N=**64 **By gender:** 27 male, 37 female **By ethnicity:** 45.3% Hispanic-American, 28.1% African-American, 17.2% Caucasian, 9.4% Asian-American	Not yet published (presented at multiple conferences).
Outcomes	**What assessments or measures are used as part of the intervention or for research purposes, if any?** • Initial clinical interview(s) with child or adolescent and caretaker • Trauma Symptom Checklist for Children (TSCC and TSCC-A) • Trauma Symptom Checklist for Young Children (TSCYC) • Trauma Symptom Inventory • Children's Behavior Checklist (CBCL)–parent and youth self-report • Children's Depression Inventory • UCLA Trauma Reaction Index • Trauma Symptom Review for Adolescents • Child Sexual Behavior Inventory	

ITCT: Integrative Treatment of Complex Trauma

Outcomes continued	**If research studies have been conducted, what were the outcomes?** For school-based program studies, there were significant decreases in depression, posttraumatic stress, dissociation, internalizing symptoms, and externalizing symptoms. For clinic-based studies, clients reported significantly reduced symptoms on all trauma-related areas as measured by the TSCC: anxiety, depression, anger, posttraumatic stress, dissociation, and sexual concerns.
Training Materials & Requirements	**List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.** Manuals for children and adolescents in progress; interventions for older adolescents described in a recent book (Briere & Scott, 2006). **How/where is training obtained?** Miller Children's Abuse and Violence Intervention Center University of Southern California Child and Adolescent Trauma Program (MCAVIC), USC, at other NCTSN sites, national conferences and trainings offered throughout the U.S.A. **What is the cost of training?** No cost if provided at MCAVIC or USC; other national trainings require a registration fee. **Are intervention materials** *(handouts)* **available in other languages?** ❒ **Yes** ☒ **No** **Other training materials &/or requirements** *(not included above)*: Training also available for family-focused interventions with medical trauma.
Pros & Cons/ Qualitative Impressions	**What are the pros of this intervention over others for this specific group** *(e.g., addresses stigma re. treatment, addresses transportation barriers)*? Can be used with multiple cultural and socioeconomic groups, and is developmentally adapted for clients aged 2 years to 21 years. Complicated challenges associated with complex trauma are addressed with this intervention model. Empirical findings support the effectiveness of ITCT. **What are the cons of this intervention over others for this specific group** *(e.g., length of treatment, difficult to get reimbursement)*? Longer treatment sometimes required; less structured/manualized than some approaches; empirical/research support does not yet include comparison with control groups.

ITCT: Integrative Treatment of Complex Trauma

GENERAL INFORMATION

Contact Information

Name: Cheryl Lanktree, Ph.D.; John Briere, Ph.D.

Address: MCAVIC-USC Child and Adolescent Trauma Program, Miller Children's Abuse and Violence Intervention Center, 2865 Atlantic Ave., Suite 110, Long Beach, CA. 90806

Phone number: 562-933-0590

Email: clanktree@memorialcare.org; jbriere@usc.edu

Website: www.johnbriere.com

References

Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In Myers, J. E. B., Berliner, L., Briere, J., Hendrix, C. T., Jenny, C., et al. (Eds), *The APSAC handbook on child maltreatment* (2nd ed., pp. 175-203). Thousand Oaks, CA: Sage Publications, Inc.

Briere, J. & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment.* Thousand Oaks, CA: Sage Publications.

Cohen, J. A., Deblinger, E., Mannarino, A. P. & Steer, R. A. (2004). A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry, 43,* 393-402.

Saltzman, W. R., Layne, C. M., Steinberg, A. M., Arslanagic, B. & Pynoos, R. S. (2003). Developing a culturally and ecologically sound intervention program for youth exposed to war and terrorism. *Child and Adolescent Psychiatric Clinics of North America, 12,* 319-342.