

GENERAL INFORMATION

Treatment Description	Acronym (abbreviation) for intervention: TGCT Average length/number of sessions: Individual session length is an average of 50 minutes. (Sessions can be shortened in length to accommodate school class periods. Alternatively, individual sessions can be expanded up to 90 minutes in length, as needed and if time allows.) Depending on the number and types of treatment modules that are implemented, the total number of sessions ranges from 10 to 24. Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): Emphasis is given throughout the intervention (e.g., in psychoeducational exercises, skillbuilding exercises, and group or family-based interventions) to individual differences in responses to trauma or traumatic loss. These differences may arise from cultural, developmental, or exposure-based influences on how children, adolescents, and their families respond to traumatic experiences. Module III consists of a grief component that emphasizes particular sensitivity to cultural, developmental, or religious/spiritually-linked differences in responses to death. Trauma type (primary): Community violence Trauma type (secondary): Traumatic loss (death) Additional descriptors (not included above): TGCT is a manualized treatment for trauma-exposed or traumatically bereaved older children and adolescents that may be implemented in school, community mental health, or other service settings. The program has been implemented with a wide range of trauma-exposed and traumatically bereaved older child and adolescent populations, in both the United States and international settings. These populations include youth impacted by community violence, traumatic bereavement, natural and man-made disasters, war/ethnic cleansing, domestic violence, witnessing interpersonal violence, medical trauma, serious accidents, physical assaults, gang violence, and terrorist events.
Target Population	Age range: 12 to 20 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): The program has been implemented and evaluated with a broad variety of groups, including war-exposed Bosnian adolescents (comprised of ethnic Muslim, Croatian, and Serbian youths); multi-racial, multi-ethnic middle and high school students exposed to community violence and school shootings in Pasadena, Long Beach, and Santee, Southern California; and among adolescents exposed to the September 11th 2001 terrorist attacks in New York City.

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Target Population continued	Preliminary versions of the intervention were implemented with children exposed to community violence in an impoverished urban community in Inglewood, California; with socioeconomically disadvantaged youths exposed to gang-related violence in San Fernando, California; and with youths exposed to a massive earthquake in Armenia. Other cultural characteristics (e.g., <i>SES, religion</i>): The intervention has been implemented with a variety of socioeconomic and religious/cultural/ethnic groups, as described above. Language(s): Currently English and Bosnian. The authors are open to translating and adapting the intervention for other cultural groups. Region (e.g., <i>rural, urban</i>): The program has been implemented in inner-city, urban, and post-war settings. Other characteristics (not included above): The program has been implemented and evaluated in both individual and group-based modalities. A family-focused intervention component is also included in the manual.
Essential Components	Theoretical basis: TGCT is based on a developmental psychopathology model that addresses the complexity of traumatic experience, the roles of trauma and loss reminders, the interplay of trauma and grief, the influences of life adversities, the influence of traumatic expectations on current and future behavior, and the importance of restoring developmental progression. TGCT also draws upon cognitive-behavioral theory and social provisions theory. Key components: TGCT is a multi-component (modularized) treatment manual and accompanying workbook with detailed instructions for conducting individual or group sessions. The intervention is assessment-driven, with specific treatment modules being selected for implementation based on clients' problems, needs, and strengths. The intervention contains a variety of components: • Initial assessment, case conceptualization, and treatment planning • Psychoeducation • Emotional regulation skills • Addressing youths' and families' traumatic stress experiences and reactions • Promoting adaptive coping (e.g., social support, problem-solving, contending with trauma and loss reminders) • Addressing maladaptive beliefs relating to trauma and loss • Promoting adaptive developmental progression • Addressing grief and loss • Maintaining adaptive routines • Relapse prevention

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Essential Components continued	• Ongoing monitoring, surveillance, and evaluation of treatment response • Family/parent sessions offered at key points in treatment • Assessment tools available to measure all major targeted therapeutic outcomes
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). 4 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: Layne, Saltzman, Burlingame, Davies, Popovic, Durakovic, et al., 2001 Has this intervention been presented at scientific meetings? ☒ Yes ☐ No If YES, please include citation(s) from last five presentations: International Society for Traumatic Stress Studies (ISTSS): Layne, Turner, Deter, Judson, Legerski, Darby & Money, 2004; Layne, Neibauer, Manwaring, Arslanagic, Saltzman & Pynoos, 2003 The National Center for Mental Health Promotion and Youth Violence Prevention: Layne & Saltzman, 2004 Rome Conference on Childhood Trauma: Saltzman, Layne & Pynoos, 2003 American Group Psychotherapy Association: Saltzman, Layne & Pynoos, 2002 Are there any general writings which describe the components of the intervention or how to administer it? ☒ Yes ☐ No If YES, please include citation: Saltzman, Layne, Steinberg & Pynoos, 2006 Saltzman, Layne, Steinberg, Arslanagic & Pynoos, 2003 Saltzman, Layne, Steinberg & Pynoos, 2003 Saltzman, Pynoos, Layne, Steinberg & Aisenberg, 2001a Has the intervention been replicated anywhere? ☒ Yes ☐ No Other countries? (please list) Bosnia & Hercegovina

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Clinical & Anecdotal Evidence continued	Other clinical and/or anecdotal evidence (not included above): A deliberate search for poor or adverse clinical outcomes was undertaken in an independent program evaluation conducted across 10 participating secondary schools in Bosnia. Very few (1 to 2%) poor outcomes were found, either as measured using quantitative measures (PTSD symptoms, depression symptoms) or using qualitative methods (focus groups). In contrast, strong evidence of program benefit was found among the majority of participating students.	
Research Evidence	Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i>	Citation
Pilot Trials/Feasibility Trials (w/o control groups)	N=6 (Layne et al. pilot trial) N=87 (Layne et al. open trial) N=26 (Saltzman et al. open trial) By gender: All studies: Combined Boys and Girls By ethnicity: Layne et al. pilot trial: Latino and African-American Layne et al. open trial: Bosnian Saltzman et al. open trial: Latino, African American, Caucasian By other cultural factors: Layne et al. pilot trial: Urban SES-disadvantaged high school students exposed to severe gang violence Layne et al. open trial: War-exposed youths exposed to severe post-war adversities Saltzman et al. open trial: 11-14 year old SES-disadvantaged youths	Layne, Pynoos & Cardenas, 2001 Layne, Pynoos, Saltzman, Arslanagic, et al., 2001 Saltzman, Pynoos, Layne, Steinberg & Aisenberg, 2001b
Clinical Trials (w/control groups)	By gender: Boys and girls (individually treated)	1. Implementing CBT for Youth and Families After September 11th: Lessons Learned from the Child and Adolescent Trauma Treatments and Services (CATS) Project. Authorship: CATS Consortium Status: Under review 2. Clinical Outcomes of CBT on Youth Affected by the WTC Disaster Authorship: CATS Consortium Status: Manuscript in preparation

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Research Evidence continued	Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i>	Citation
Randomized Controlled Trials	N=79 By gender: Combined boys and girls (treated in groups) By ethnicity: War exposed Bosnian secondary school students By other cultural factors: Adolescents living amidst severe adversity in post-war Bosnia.	Layne, Saltzman, Poppleton, Burlingame, Pašalić, Duraković, et al., in press Layne, Poppleton, Saltzman, et al., in preparation
Other Research Evidence	N=34 By gender: Both girls and boys By ethnicity: Bosnian Muslim By other cultural factors: War-exposed secondary school students	Qualitative Program Evaluation: Cox, Davies, Burlingame, Campbell & Layne, in press
Outcomes	What assessments or measures are used as part of the intervention or for research purposes, if any? Quantitative Instruments (used for risk screening, clinical interview, triage, monitoring, and/or for program evaluation applications): • Adolescent Self-Efficacy Scale (Bandura, 1992) • Depression Self-Report Scale (Birelson, 1981) • Cognitive Distortions Scale (Briere, 1999) • Student Self-Rating Scale (Hightower, 1987) • War Trauma Exposure Inventory (Layne, Djapo & Pynoos, 1999) • Post-War Trauma Exposure Scale (Layne, Steinberg & Pynoos, 1999a) • Post-War Adversities Scale (Layne & Djapo, 1999) • Loss Reminder Screening Inventory (Layne, Savjak, Steinberg & Pynoos, 1999) • Trauma Reminder Screening Inventory (Layne, Steinberg & Pynoos, 1999b) • UCLA Grief Inventory (Layne, Pynoos, Savjak & Saltzman, 2000) • Locus of Control Scale (Mirowsky & Ross, 1991) • UCLA Reaction Index-Revised (Steinberg, Brymer, Decker & Pynoos, 2004) • Provision of Social Relations Scale (Turner, Frankel & Levin, 1983) • Self-Satisfaction Survey (Kochendorfer, 1974)	

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Outcomes continued	• Group Climate Questionnaire (MacKenzie, 1983) • Curative Climate Inventory (Fuhrman, Drescher, Hanson, Henrie & Rynicki, 1986) • Youth Outcome Questionnaire Somatization and Social Problems Subscales (Wells, Burlingame & Lambert, 1999) If research studies have been conducted, what were the outcomes? Both published open trials and a randomized controlled trial (in press) indicate significant reductions in PTSD, depression, and complicated grief reactions, and improvements in school behavior. Data from the randomized controlled trial indicate that the percentages of students in the treatment condition who reported significant ($p < .05$) pre- to post-treatment reductions in PTSD symptoms (58% at post-treatment; 81% at 4-month follow-up) compare favorably to those reported in rigorously conducted treatment efficacy trials with adults.
Training Materials & Requirements	List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. Layne, Saltzman, Pynoos & Steinberg, 2002 How/where is training obtained? Contact the authors What is the cost of training? To be negotiated with the authors/trainers Are intervention materials (handouts) available in other languages? ☒ Yes ☐ No If YES, what languages? Bosnian (to date) Other training materials &/or requirements (not included above): Two-day training with ongoing supervision and consultation, program includes a battery of screening measures, interview protocol, 200 page manual and workbook for participants. The participant workbook is extensive, containing many handouts and exercises that are very popular with clinicians.
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)? • Contains initial sessions that address potential stigma for treatment and other barriers to participation • Is available in either individual or group-based modalities • Contains a family/parent-focused intervention component • Contains an extensive grief module that provides extensive grief psychoeducation, focuses on reducing traumatic grief, and promotes adaptive grieving and mourning • Focuses specifically on identifying and remediating trauma- or loss-induced disturbances in developmental progression • Specifically tailored to adolescent issues surrounding trauma and loss

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Pros & Cons/ Qualitative Impressions continued	• TGCT comes with a variety of assessment instruments that are specifically tailored to support initial assessment, monitoring, and evaluation of clients' responses to treatment. • Guidelines are provided for adapting the program in a culturally and ecologically sensitive manner. TGCT is specifically designed to identify and effectively treat youths whose distress and dysfunction fall within the severely distressed, as well as moderately distressed, ranges. It is thus intended to address the needs of the most severely exposed, as well as moderately exposed, youths. What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)? Treatment length is variable, depending on the number of modules that are implemented. More distressed youths will likely require longer and more intensive intervention. Other qualitative impressions: See qualitative program evaluation, described above.
Contact Information	Name: Christopher Layne, Ph.D., or Bill Saltzman, Ph.D. Address: UCLA - National Center for Child Traumatic Stress, 11150 W. Olympic Blvd., Suite 650, Los Angeles, CA 90064 Phone number: (310) 235-2633, extension 223; fax (310) 235-2612 Email: cmlayne@mednet.ucla.edu; wsaltzman@sbcglobal.net
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