

## Trauma and Grief Component Therapy for Adolescents (TGCTA): AT-A-GLANCE

### What is TGCTA?

TGCTA is an evidence-based, manualized intervention that addresses the complex needs of older children and adolescents contending with trauma, bereavement, traumatic bereavement, and developmental disruption. TGCTA's modularized, flexible design allows clinicians to customize their intervention according to the specific needs, strengths, and life circumstances of specific youth and the time available. TGCTA combines state-of-the-art assessment and treatment of trauma exposure, bereavement, and the interplay between posttraumatic stress and grief reactions that can arise following traumatic bereavement. TGCTA has been widely implemented and studied both nationally and internationally. The manual and accompanying support materials offer detailed session-by-session guidance for conducting the program in either a group-based, individual, or combined modality (i.e., combined = group-based + individual pullout sessions to address highly personal/distressing material).

### What are the goals of TGCTA?

1. Increase behavioral and emotional self-regulation, especially in relation to trauma reminders, loss reminders, change reminders, and other secondary adversities. Practice elements include emotional labeling, challenging hurtful thoughts, social support, and healthy coping skills.
2. Decrease posttraumatic and/or grief related distress caused by traumatic experiences, bereavement, and traumatic bereavement. Practice elements include trauma narrative construction and facilitating healthy grief.
3. Facilitate adaptive developmental progression, including developmental recovery after trauma- and loss-induced developmental disruption. Practice elements include problem-solving current adversities and taking developmental next steps.

### What does TGCTA look like?



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### ■ Additional Information

TGCTA is an assessment driven, modularized treatment manual with detailed instructions for conducting group, individual, or classroom-based sessions. Each TGCTA module contains a variety of components designed to carry out specific therapeutic objectives. Each session is self-contained and follows a standard format (e.g., check in, review practice exercise, prescribed activities and learning, check out). A youth workbook is also available (see TGCTA.com). The TGCTA manual also includes a baseline (pre-treatment) clinical interview protocol. Based on youths' individual assessment/need profiles, it is left to the therapist's discretion to tailor TGCTA by choosing which modules to implement, how to sequence them, and which activities or illustrations to use.

### ■ What is the commitment?

TGCTA's four treatment modules permit therapists to flexibly tailor (make minor adjustments to) or adapt (make major adjustments to) their intervention plan to accommodate their client's specific needs, strengths, life circumstances, and informed preferences. Depending on which modules are implemented, the total number of sessions ranges from 8 to 24. Sessions are designed to take approximately 50 minutes (a standard therapeutic hour). Alternatively, individual sessions can be shortened in duration (e.g., 40 to 45 minutes) to accommodate shorter school class periods, or expanded (up to 90 minutes) as needed and if time allows, by incorporating more session activities/tools and optional exercises.

Written assessment tools and interviews are used in assessment.

#### LOCATION:

In a provider's office, Virtually/via telehealth, In a school counselor's office or school classroom, In a community setting, Group home setting, Juvenile justice.

### ■ How do we know it works?

TGCTA has practice-based and research evidence to support its benefits in low resource (e.g., post-war), child welfare, school-based, and behavioral health treatment centers.

TGCTA was developed by a team of highly experienced clinicians and clinical researchers in partnership with many local partners including UNICEF, university and school-based clinics, juvenile justice settings, government administrators and agencies, for adolescents directly or indirectly exposed to trauma, bereavement, traumatic bereavement, and developmental disruptions. For more information, see page 3. The majority of children/youth/families involved in the initial development of this practice are from many different ethnic backgrounds, including European American, African American, Hispanic American, ethnic Armenian, Bosnian, ethnic Bosnian Muslims, Croatians, and Serbs and lived in many different environments, including inner city, suburban, post-war, post-terror attack, refugee resettlement areas, juvenile justice, and spoke many different languages including English, Armenian, Serbian, Croatian, Bosnian, Spanish at home.

Additionally, we have heavily adapted TGCTA by creating Multidimensional Grief Therapy (Cambridge University Press, 2023) for bereaved children and adolescents aged 8 to 18. Further, adaptations for individual and group plus individual modalities are also integrated into the TGCTA manual. There are translations of some TGCTA materials for children, youth, and families available in Spanish. We are open to collaborating on the translation of our materials into different languages. Learn more on [page 3](#).

### ■ For more information explore the next several pages or check out:

<https://www.tgcta.com/>

## TGCTA: THE EVIDENCE

### ■ What types of evidence are available for TGCTA?

- Evidence-based Treatment
- Program Evaluation
- Randomized Clinical/Controlled Trial
- Case Study
- Quasi-experimental Research

### ■ Where can I learn more about the evidence?

- Saltzman, W. R., Pynoos, R. S., Layne, C. M., Steinberg, A. M., & Aisenberg, E. (2001). Trauma- and grief-focused intervention for adolescents exposed to community violence: Results of a school-based screening and group treatment protocol. *Group Dynamics: Theory, Research, and Practice*, 5(4), 291–303. <https://doi.org/10.1037/1089-2699.5.4.291>
- Layne, C. M., Saltzman, W. R., Poppleton, L., Burlingame, G. M., Pašalić, A. Duraković-Belko, E. Čampara, N., Musić, M., Đapo, N., Arslanagić, B. Steinberg, A. M., & Pynoos, R. S. (2008). Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 1048-1062. <http://dx.doi.org/10.1097/CHI.0b013e31817eeca>
- Cox, J., Davies, D. R., Burlingame, G. M., Campbell, J. E., & Layne, C. M., & Katzenbach, R. J. (2007). Effectiveness of a trauma/grief-focused group intervention: A qualitative study with war-exposed Bosnian adolescents. *International Journal of Group Psychotherapy*, 57, 319-345. <http://dx.doi.org/10.1521/ijgp.2007.57.3.319>
- Olafson, E., Boat, B. W., Putnam, K. T., Thieken, L., Marrow, M. T., & Putnam, F. W. (2018). Implementing trauma and grief component therapy for adolescents and think trauma for traumatized youth in secure juvenile justice settings. *Journal of Interpersonal Violence*, 33(16), 2537–2557. <https://doi.org/10.1177/0886260516628287>
- <https://www.tgcta.com/>

### ■ How is TGCTA measured in real time?

The use of assessment tools (especially measures of trauma exposure/posttraumatic stress reactions, & bereavement/grief reactions) is strongly encouraged, in that it will help therapists get the most out of TGCTA's flexible, modularized design. TGCTA is designed to be assessment-driven, offering therapists the choice to select specific treatment modules based on clients' specific clinical concerns.

One important Assessment Tool includes the Prolonged Grief Disorder (PGD) Checklist for Bereaved Children and Adolescents. The PGD Checklist can be scored and interpreted in two ways: 1) To generate a predicted PGD diagnosis; and 2) To create a multi-dimensional grief profile that aligns with multi-dimensional grief theory. Find out more about accessing the PGD Checklist at <https://www.reactionindex.com/>. (Layne, C. M., Kaplow, J. B., & Pynoos, R. S. (2022). *Prolonged Grief Disorder Checklist for Bereaved Children and Adolescents: DSM-5-TR version* [Assessment instrument]. Behavioral Health Innovations.)

### ■ What changes for the better as a result of TGCTA?

A combination of randomized control trials, open trials, external field evaluations, and internal program evaluations have documented:

- posttraumatic stress reactions reduce significantly
- maladaptive grief reactions reduce significantly
- depression symptoms reduce significantly
- school behavior and performance improve
- interpersonal relationships improve
- adaptive developmental progression

### ■ What do the numbers tell us (i.e., quantitative data)?

A randomized control trial (Layne et al., 2008) found that, compared to a contrast group of students who received psychoeducation and skills training in a classroom setting, students who participated in group based TGCTA experienced significant reductions in posttraumatic stress, maladaptive grief, and depression symptoms and exhibited significant improvements in school behavior & performance.

### ■ What do the stories tell us (i.e., qualitative data)?

A field evaluation (Cox et al., 2007) found that a combination of group based TGCTA and classroom based skills training had a large impact that reached many hundreds of students in each school. Further, adolescent group members and their families also reported a broad range of positive impacts including symptom reduction, improved communication, and improved functioning at home and school.

## TGCTA: ADAPTABILITY AND ACCESSIBILITY

### ■ What is the history of TGCTA?

The origins of TGCTA trace back to classroom based interventions by Robert Pynoos and colleagues in postearthquake Armenia. It was further refined by Christopher Layne, William Saltzman, and Robert Pynoos in school based group therapy settings in inner city Los Angeles exposed to high levels of gang, community, and domestic violence. TGCTA was further developed by the three authors in post-war Bosnia with adolescents exposed to war, genocide, and ethnic cleansing. Further development of TGCTA occurred in New York City following the 9/11 terrorists attacks where it was adapted for an individual treatment modality. Three additional authors (Erna Olafson, Julie Kaplow, Barbara Boat) then joined and further refined TGCTA, leading to its 2017 publication by Cambridge. TGCTA is being implemented in diverse settings around the world in both individual and group modalities. Christopher Layne is now integrating TGCTA with the Core Curriculum on Childhood Trauma in the Child and Adolescent Traumatic Stress Program (CATSP) clinic, which he directs. (<https://psychology.nova.edu/labs/catsp/index.html>).

### ■ How did TGCTA developers proactively seek, incorporate, and learn from the perspectives of individuals and communities to ensure the model reflects the experiences of those most affected by trauma and system challenges?

Much of TGCTA was developed in a post-war setting marked by extreme ethnic tensions and hostility that included working with 3 different ethnic groups: Serbs, Croats, Bosniak Muslims. In this setting, TGCTA was evaluated using a randomized control trial, an open trial, mixed methods field evaluation that involved in-depth focus groups and interviews with participating students, counselors, teachers, and parents. It was further developed when it was broadly disseminated following the September 11th terrorist attack, where a mass disaster was superimposed on chronic domestic and community violence in low-resource and ethnically diverse communities. It has been further implemented in juvenile justice settings, following school shootings, and in low-resource communities both nationally and internationally. TGCTA training team utilizes close collaboration with local partners, including recommendations for local tailoring, adaptation, and ongoing improvement. TGCTA and its training curriculum have been further refined in school settings, juvenile justice settings, and low-resource areas with community violence, domestic trauma, and high rates of bereavement.

### ■ What is the role of TGCTA providers in tailoring the model for individuals, families, and communities?

Over its 30 year history TGCTA has been adapted for a broad variety of modalities and settings, including classrooms, school based group and individual treatment, private practice, community mental health, teaching hospitals and university clinics, and juvenile justice/group homes. It has also been implemented via telehealth. TGCTA also includes supplemental sessions for parents and caregivers.

### ■ How are lessons learned from individuals, families, communities and providers used to keep improving TGCTA?

TGCTA draws on over 30 years of field based implementation, evaluation, and iterative improvement. This includes mixed-methods field evaluations in which independent evaluators conducted focus groups with adolescents, parents, and school counselors. Continuous quality improvement draws from risk screening and clinical assessment measures, direct observations, trainings, and consultation calls.

### ■ Resources and materials are available:

- Materials are available in Spanish, We are currently open to collaboration on other languages. Translations were made by bilingual practitioners.
- TGCTA sketches represent a diverse array of races, ethnic, and SES groups.
- For more information on adaptation and access, visit <https://www.tgcta.com/>

**TGCTA: PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING**

**TO PROVIDE TGCTA**

**Provider prerequisites:**

- Experience: Used with first year practicum students and above
- Education: Any mental health discipline
- Licensure: Working towards licensure or licensed

**Trained providers can:**

- Deliver TGCTA
- Earn certification in TGCTA
- Qualify for enhanced rates if available

**Access for Provider Training:**

- Through live in-person training
- Through live virtual training
- Through consultation
- Through a training manual
- Contact in advance for trainer availability
- Submit training requests to <https://www.tgcta.com/>

**TO SUPERVISE TGCTA**

**Supervisor prerequisites:**

- Meet provider prerequisites
- Formally trained and supervised in at least 1 case
- Licensed, trained, and supervised in 1 case

**Trained supervisors can:**

- Supervise others in TGCTA
- Earn supervisor certification in TGCTA
- Provide consultation to others about TGCTA
- Qualify for enhanced rates if available

**Access for Supervisor Training:**

- Through live training
- Through consultation
- Contact in advance for trainer availability, See <https://www.tgcta.com/>

**TO TRAIN TGCTA**

**Trainer prerequisites:**

- Must be a provider and co-train with a TGCTA master trainer in a mentor mentee relationship
- 1 year experience and 5 cases as provider
- Published on model
- 2 years as trainer or TA with master trainer

**Approved trainers can:**

- Train within their own organization
- Train locally
- Train providers
- Charge for training
- Be listed on national roster

**Access for Trainer Training:**

- Through live in-person training
- Through live virtual training
- Through consultation
- Contact in advance for trainer availability

**TO SUSTAIN TGCTA**

**Organization prerequisites:**

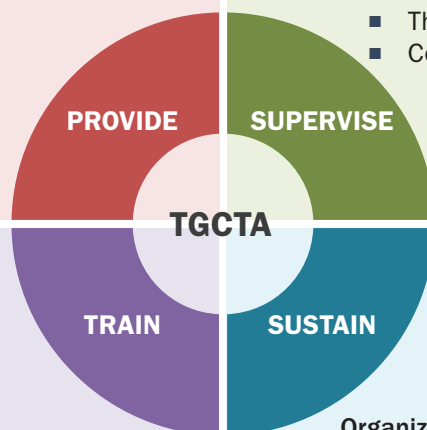
- Discussions on readiness and fit
- Adjust workloads for providers to participate in training and implementation
- Regular ongoing communication with trainers or developers

**Organizations can:**

- Earn certification status
- Prove training in evidence-based model for billing and insurance
- Train new staff on the job by in-agency trainers

**Access for Organizational Readiness Supports:**

- Consultation for senior leaders, Trauma and bereavement measures are available at <https://www.reactionindex.com/>



## TGCTA: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

### PROVIDE TGCTA

- **Training cost:** Individual and group organization rates are available including in-person and virtual training followed by 6 months of consultation calls. See <https://www.tgcta.com/>
- **Time Commitment:** Two days of initial training followed by regular consultation calls initially once every two weeks extending to once a month. Additional training in assessment, case conceptualization, and tailoring treatment is also available.
- **Additional Details:** For more information visit <https://www.tgcta.com/> or contact Christopher Layne ([cmlayne@gmail.com](mailto:cmlayne@gmail.com)) or William Saltzman ([wsaltzman01@gmail.com](mailto:wsaltzman01@gmail.com)).

### SUPERVISE TGCTA

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- **Time Commitment:** Two days of initial training followed by regular consultation calls initially once every two weeks extending to once a month. Additional training in assessment, case conceptualization, and tailoring treatment is also available.
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### TRAIN TGCTA

- **Training cost:** Individual and group organization rates are available including in-person and virtual training followed by 6 months of consultation calls. See <https://www.tgcta.com/>
- **Time Commitment:** Trainers are expected to co-train with a master trainer (currently Christopher Layne or William Saltzman). Time to complete training may vary.
- **Additional Details:** For more information visit <https://www.tgcta.com/> or contact Christopher Layne ([cmlayne@gmail.com](mailto:cmlayne@gmail.com)) or William Saltzman ([wsaltzman01@gmail.com](mailto:wsaltzman01@gmail.com)).

### SUSTAIN TGCTA

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- **Time Commitment:** Two days of initial training followed by regular consultation calls initially once every two weeks extending to once a month. Additional training in assessment, case conceptualization, and tailoring treatment is also available.
- **Additional Details:** For more information visit <https://www.tgcta.com/> or contact Christopher Layne ([cmlayne@gmail.com](mailto:cmlayne@gmail.com)) or William Saltzman ([wsaltzman01@gmail.com](mailto:wsaltzman01@gmail.com)).

To learn more about providing, supervising, training, or sustaining, please see <https://www.tgcta.com/> or email: [tgcta01@gmail.com](mailto:tgcta01@gmail.com)  
For additional resources and related products, please explore: <https://psychology.nova.edu/faculty/profile/layne-christopher.html>

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