# Child and Family Traumatic Stress Intervention (CFTSI): AT-A-GLANCE

## What is CFTSI?

CFTSI is a brief (5-8 session), evidence-based early mental health treatment specifically developed for implementation with children, adolescents, and their caregivers during the acute phase of trauma response, after a recent traumatic event or after a recent disclosure of abuse in a forensic interview, such as in a Child Advocacy Center (CAC). This treatment has demonstrated effectiveness in reducing traumatic stress symptoms and reducing or interrupting PTSD and related anxiety and depressive disorders, including for children who have had extensive trauma histories prior to the most recent event that precipitated their referral for CFTSI. Children participating in CFTSI consistently experience a significant decrease in trauma symptoms, as do participating caregivers.

## What are the goals of CFTSI?

Capitalizing on what is known about protective factors that mediate outcomes of traumatic experiences, CFTSI focuses on:

1. Raising ability to be aware of symptoms and trauma reminders
2. Increasing communication between child and caregiver(s) about child's trauma symptoms
3. Identifying coping strategies to help child master trauma symptoms
4. Reducing and interrupting PTSD, including for children who have extensive trauma histories

Additional key benefits include::

1. Improving early screening and assessment of children impacted by trauma
2. Re-establishing greater predictability in daily life
3. Increasing family support for children impacted by traumatic events
4. Assessing children's need for longer term treatment when indicated

## What does CFTSI look like?

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## What is the commitment?

CFTSI requires 5-8 weekly sessions, which include individual and joint sessions with the child and caregiver. Each session lasts 50-60 minutes. Symptom assessment tools are implemented as part of a clinical discussion.

## How do we know it works?

CFTSI has practice-based evidence and research evidence.

The majority of children, youth, and families involved in the development of this model identified as a wide range of races and ethnicities, different ages and genders, as well as other key demographics, lived in rural, suburban, remote, and/or urban environments, and spoke a wide variety of languages (including English, Spanish, French, Swedish, Finnish, Norwegian, Arabic, Albanian, Croation, Bulgarian, Greek, Turkish, and Hebrew) at home.

Additionally, there have been adaptations of the practice for young children (3-6 year olds); children who were recently placed in foster care; in development: adaptation of CFTSI for Latino families; adaptation of CFTSI for Indigenous communities. There are translations of CFTSI materials for children, youth, and families available in English, Spanish, French, Swedish, Finnish, and Norwegian. Translations of CFTSI materials in multiple additional languages are in development. Learn more on page 3.

**LOCATION:**

- In your home
- In a provider's office
- Virtually/via telehealth
- In a school

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

https://m.yale.edu/yctsr

# CFTSI: THE EVIDENCE

## What types of evidence are available for CFTSI?

- ❒ Evidence-Based Treatment
- ❒ Community-Based Participatory Research
- ❒ Program Evaluation
- ❒ Quasi-experimental Research
- ❒ Randomized Clinical/Controlled Trial
- ❒ Practice-based Evidence

## Where can I learn more about the evidence?

- Yale Center for Traumatic Stress and Recovery
- Overview of the Child and Family Traumatic Stress Intervention (webinar, NCA Learning Center)
- Overview of The Child and Family Traumatic Stress Intervention (CFTSI): A Brief, Evidence-Based Early Intervention for Traumatized Children and Families with Carrie Epstein (Webinar (Webinar, APSAC Conference)
- California Evidence-Based Clearinghouse for Child Welfare: CFTSI
- Child and family traumatic stress intervention (CFTSI) reduces parental posttraumatic stress symptoms: A multi-site meta-analysis (MSMA)
- The child and family traumatic stress intervention: Factors associated with symptom reduction for children receiving treatment
- Telehealth Delivery of the Child and Family Traumatic Stress Intervention is Associated with Reduced Posttraumatic Stress in Children and Caregivers
- PTSD Interrupted?, with Carrie Epstein

## How is CFTSI measured in real time?

The success of CFTSI is measured through implementation of specific standardized assessment tools found in the public domain (e.g., CPSS-5 and PCL-5). Assessments are implemented as part of CFTSI to measure progress toward treatment goals of symptom reduction in the child and caregiver and improved communication between child and caregiver. Satisfaction surveys are administered at end of treatment.

## What changes for the better as a result of CFTSI?

By participating in CFTSI, both the child and participating caregiver experience a reduction in trauma symptoms; there is an increase in family support through improved communication between the child and caregiver about the child's symptoms; and the family experiences an improvement in daily functioning.

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

In studies of CFTSI, 4 out of 5 children and adolescents who completed CFTSI experienced a significant reduction of trauma symptoms and as a result didn't require further trauma treatment. Two out of 3 participating caregivers experienced significant symptom reduction. Results were the same regardless of age, gender, ethnicity, or race.

> ***"Before CFTSI, my child couldn't sleep and was always anxious. Through CFTSI we learned to recognize her symptoms and use coping skills to help her feel better. It brought us closer and gave us hope. She's smiling again, which is the greatest gift!"***
>
> – Mother of 8-year-old girl after completing CFTSI

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

Caregivers tell us that after completing CFTSI, their children are doing much better and can get back to being children. Clinicians tell us that they feel confident and empowered by their ability to help children and families recover in just 5-8 sessions by implementing CFTSI. Agency leaders tell us that because CFTSI is brief and very effective, their programs can serve more children.

# CFTSI: ADAPTABILITY AND ACCESSIBILITY

- **What is the history of CFTSI?**

  CFTSI developers are Carrie Epstein, LCSW-R and Steven Marans, PhD, MSW with original contributions from Steve Berkowitz, MD. The model grew out of decades of experience observing and treating children and families impacted by violence and trauma. The model was developed specifically for children impacted by a recent traumatic event or recent disclosure of abuse. Children involved in the initial development of this treatment were English speaking and identified as: 32% White, 37% African American, 22% Hispanic, 7% Multi-ethnic, and 2% other ethnicities. Since that time, CFTSI has continued to evolve and has included indigenous families in the United States and Australia, as well as families in the Middle East and countries across Europe. CFTSI has been implemented in multiple languages, including but not limited to Spanish, Arabic, French, Swedish, Bulgarian, Albanian, Greek, Turkish. CFTSI has been adapted for use with children aged 3-6 and children recently placed in foster care.

- **How did CFTSI developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by racism and trauma?**

  CFTSI developers have implemented a multi-stakeholder process to continuously center voices of those impacted by racism and trauma. This includes monthly convening of international CFTSI trainers/consultants charged with gathering & sharing information from the field; meetings with organizations' Chief Diversity Officers to support a continuous improvement process; and participant feedback surveys.

- **What is the role of CFTSI providers in tailoring the model for individuals, families, and communities?**

  CFTSI values the idea of fidelity with flexibility. Clinicians trained in CFTSI are encouraged to implement the model with fidelity in order to achieve demonstrated strong clinical outcomes, while also implementing with flexibility, by tailoring the model to account for the unique strengths and needs of the families and communities they serve.

- **How are lessons learned from individuals, families, communities and providers used to keep improving CFTSI?**

  A multi-stakeholder process supports continuous learning from individuals, families, communities and providers to improve CFTSI. This includes monthly convening of international CFTSI trainers/consultants charged with sharing information from the field; meetings with organization Chief Diversity Officers to support a continuous improvement process; and participant feedback surveys.

- **Resources and materials are available:**

  - In multiple languages – English, Spanish, French, Swedish, Finnish, Norwegian (translations of CFTSI materials in multiple additional languages are in development). A back-translation process has been used to translate the majority of CFTSI materials.
  - In more than one format:
    - CFTSI materials are available in written and video formats.
    - Written materials can be used verbally
    - Web materials meet universal design standards
  - Media reflects the diverse provider and client communities where CFTSI is implemented
  - Private space to meet for therapy sessions either in-person or virtually is needed
  - For more information on adaptation and access, contact Carrie Epstein: carrie.epstein@yale.edu

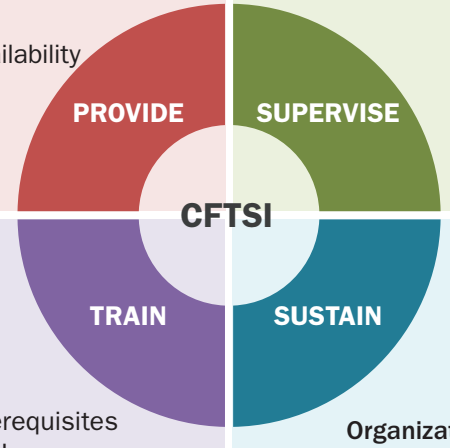
# CFTSI:
## PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

### TO PROVIDE CFTSI

**Provider prerequisites:**
- Experience: Ideally, experience providing therapy to youth
- Education: Master's or Doctoral Level mental health degree
- Licensure: No requirement

**Trained providers can:**
- Become rostered in CFTSI

**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
- For training, contact: carrie.epstein@yale.edu




### TO SUPERVISE CFTSI

**Supervisor prerequisites:**
- Meet provider prerequisites
- Recommended: Complete training requirements
- Experience supervising child therapy cases

**Trained supervisors can:**
- Supervise their program's CFTSI clinicians

**Access for Supervisor Training:**
- For training, contact: carrie.epstein@yale.edu

### TO TRAIN CFTSI

**Trainer prerequisites:**
- Meet provider and supervisor prerequisites
- Complete a minimum of 10 CFTSI cases
- Training and supervisory experience is required

**Approved trainers can:**
- Train within their own organization
- Train locally and nationally
- Train providers and supervisors
- Charge for training
- Be listed on CFTSI roster
- Training requests are centralized and assigned to trainers

**Access for Trainer Training:**
- Through live in-person training
- Through live virtual training
- Through consultation
- Through a training manual
- Contact: carrie.epstein@yale.edu

### TO SUSTAIN CFTSI

**Organization prerequisites:**
- Discussions on readiness and fit
- Adjust workloads for providers to participate in training and implementation
- Commit to regular meetings dedicated to sustaining the practice

**Organizations can:**
- Earn provider roster status
- CFTSI's brevity and effectiveness allow organizations to serve more youth

**Access for Organizational Readiness Supports:**
- Consultation for senior leaders
- Connection to other organizations using model
- Access to clinical assessment tools included in training

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

### PROVIDE CFTSI

- **Training cost:** Individual clinicians can attend CFTSI training and consultation at a set rate, and organizations can contract for CFTSI training and consultation at a set rate.
- **Time Commitment:** CFTSI training involves 16 hours of initial training (delivered 2 full days in-person or 3 partial days virtually). Training is followed by 14 one-hour consultation calls, held virtually over 7-8 months.
- **Additional Details:** Organizations providing CFTSI can explore funding prioritizing evidence-based treatments. Child Advocacy Centers providing CFTSI meet evidence-based treatment provision standards.

### SUPERVISE CFTSI

- **Training cost:** Contact Carrie Epstein: carrie.epstein@yale.edu
- **Time Commitment:** CFTSI training involves 16 hours of initial training (delivered 2 full days in-person or 3 partial days virtually). Training is followed by 14 one-hour consultation calls, held virtually over 7-8 months.
- **Additional Details:** n/a

### TRAIN CFTSI

- **Training cost:** Contact Carrie Epstein: carrie.epstein@yale.edu
- **Time Commitment:** Contact Carrie Epstein: carrie.epstein@yale.edu
- **Additional Details:** Contact Carrie Epstein: carrie.epstein@yale.edu

### SUSTAIN CFTSI

- **Training cost:** Individual clinicians can attend CFTSI training and consultation at a set rate, and organizations can contract for CFTSI training and consultation at a set rate.
- **Time Commitment:** CFTSI training involves 16 hours of initial training (delivered 2 full days in-person or 3 partial days virtually). Training is followed by 14 one-hour consultation calls, held virtually over 7-8 months.
- **Additional Details:** As part of the CFTSI organizational readiness process, organizations assess the number of potential CFTSI cases their program serves in an average month to ensure an adequate flow of cases to training participants.

To learn more about providing, supervising, training, or sustaining CFTSI, please see: https://medicine.yale.edu/childstudy/services/community-and-schools-programs/yctsr/stress-intervention/ or email carrie.epstein@yale.edu. For additional resources and related products, please explore: https://m.yale.edu/yctsr

**The Child and Family Traumatic Stress Intervention (CFTSI): At-A-Glance was reviewed and approved for accuracy by CFTSI Co-Developers Carrie Epstein, and CFTSI Core Team Member Hilary Hahn, in October 2024.**

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