NCTSN The National Child Traumatic Stress Network

ITCT-C: Integrative Treatment of Complex Trauma for Children

GENERAL INFORMATION

Treatment Description	**Acronym** *(abbreviation)* **for intervention:** ITCT-C **Average length/number of sessions:** 16-36 **Aspects of culture or group experiences that are addressed** *(e.g., faith/spiritual component, transportation barriers)***:** Specifically developed to be responsive and sensitive to cultural differences as well as the effects of poverty and social marginalization. Widely used by programs with diverse clients. **Trauma type** *(primary)*: Complex trauma, physical abuse, sexual abuse, emotional abuse and neglect, community violence, domestic violence, medical trauma, and traumatic loss **Trauma type** *(secondary)*: Parental substance abuse
Target Population	**Age range:** 5 **to** 12 **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-Americans, African-Americans, Caucasian Americans, Asian-Americans. Unaccompanied minors from Mexico and Central America **Other cultural characteristics** *(e.g., SES, religion)***:** Applicable for all SES groups; particularly adapted for economically disadvantaged and culturally diverse clients **Language***(s)***:** Interventions adapted for Spanish-speakers **Region** *(e.g., rural, urban)***:** Urban and rural **Other characteristics** *(not included above)***:** Children in foster system, school-based programs, those in juvenile justice system, residential treatment clients
Essential Components	**Theoretical basis:** Assessment-driven, multimodal, evidence-based treatment, with interview and/or standardized trauma specific measures administered at 2-3 month intervals to identify particular symptoms and issues requiring focused clinical attention. ITCT is based on developmentally appropriate, culturally adapted approaches that can be applied in multiple settings: outpatient clinic, school, hospital, inpatient, forensic, and residential, 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: relational/attachment-oriented, cognitive therapy, exposure therapy, mindfulness skills development, affect regulation training, trigger management, psychoeducation in individual and group therapy. Specific collateral and family therapy approaches are also integrated into treatment.

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Essential Components cont'd	• Titrated therapeutic exposure and exploration of trauma is facilitated in a developmentally–appropriate and safe context, balanced with attention to increasing affect regulation capacities, self-esteem, and self-efficacy. • ITCT is relationally based and incorporates specific approaches for complex trauma treatment including aspects of the Self Trauma model (e.g., Briere & Scott, 2014), attachment theory, and cognitive behavioral approaches. • The relationship with the therapist is deemed crucial to the success of therapy; safety and trust are necessary components. • Multiple adaptations for the child presenting to clinic, those identified in the school system, and those receiving treatment in a residential context. • Clients receive treatment based on needs identified through regular assessment protocols (using the Assessment-to-Treatment Flowchart, and, in some centers, standardized tests), attention to developmental and cultural issues, and an ongoing focus on arising challenges and traumas in the child's environment. • Immediate trauma-related issues such as safety, anxiety, depression, and posttraumatic stress are addressed earlier in treatment (when possible), in order to increase the client's 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. There is also a focus on interventions that address the impacts of insecure caretaker-child attachment relationships as they compound or intensify the psychological effects of traumatic experiences for the child.
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 quarterly and annual reports, 2001-2009 **Has this intervention been presented at scientific meetings? ☒ Yes ❒ No** **If YES, please include citation***(s)* **from last five presentations:** Many, including at NCTSN, ISTSS, APSAC, APA meetings, 2009-present

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Clinical & Anecdotal Evidence cont'd

Are there any general writings which describe the components of the intervention or how to administer it? ☒ Yes ❒ No

If YES, please include citation:

Lanktree, C. B., & Briere, J.N. (2016). *Treating complex trauma in children and their families: An integrative approach*. Thousand Oaks, Ca.: Sage.

Lanktree, C.B., & Briere, J. (2013). Integrative Treatment of Complex Trauma (ITCT) for children and adolescents. In J.D. Ford and C.A. Courtois, *Treating complex traumatic stress disorders with children and adolescents: An evidence-based guide* (pp. 143-161). NY: Guilford.

Lanktree, C.B., Briere, J., Godbout, N., Hodges, M., Chen, K., Trimm, L., Adams, B., Maida, C.A., & Freed, W. (2012). Treating multi-traumatized, socially- marginalized children: Results of a naturalistic treatment outcome study. *Journal of Aggression, Maltreatment & Trauma, 21*, 813–828.

Has the intervention been replicated anywhere? ☒ Yes ❒ No

Other countries? *(please list)* Sweden and Australia

Research Evidence	Sample Size (N) and Breakdown *(by gender, ethnicity, other cultural factors)*	Citation
Pilot Trials/Feasibility Trials *(w/o control groups)*	**N =** 151 **By gender:** 35% (n = 53) male and 65% (n = 98) female **By ethnicity:** 48% (n = 73) Hispanic, 25% (n = 38) Black or African American, 14% (n = 21) non-Hispanic White, and 13% (n = 19) Asian or other	Lanktree, C.B., Briere, J., Godbout, N., Hodges, M., Chen, K., Trimm, L., Adams, B., Maida, C.A., & Freed, W. (2012). Treating multi-traumatized, socially- marginalized children: Results of a naturalistic treatment outcome study. *Journal of Aggression, Maltreatment & Trauma, 21*, 813–828.

Outcomes

What assessments or measures are used as part of the intervention or for research purposes, if any?

Trauma Symptom Checklist for Children (TSCC and TSCC-A), Children's Depression Inventory, CBCL

If research studies have been conducted, what were the outcomes?

Significantly reduced (average of > 40%) symptoms on all trauma-related areas as measured by the TSCC: anxiety, depression, anger, posttraumatic stress, dissociation, and sexual concerns.

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Implementation Requirements & Readiness	**Space, materials or equipment requirements?** Usual AV equipment set-up including capacity to show videos, multiple microphones for group interactions and discussion. **Supervision requirements** *(e.g., review of taped sessions)***?** Dependent on needs of program **To ensure successful implementation, support should be obtained from:** Cheryl Lanktree, Ph.D. (email: lanktree@usc.edu or cblanktree@gmail.com)
Training Materials & Requirements	**List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.** (see above citations: Lanktree & Briere, 2016; Lanktree & Briere, 2013. **How/where is training obtained?** By contacting the Center for ITCT at CenterforITCT.org. **What is the cost of training?** One-day training: $4000, Two-day training: $8000 plus associated travel expenses. Follow-up consultations via Zoom, Skype, or in person, can also be contracted with the trainer for an additional fee. **Are intervention materials** *(handouts)* **available in other languages?** ❒ **Yes** ☒ **No** **Other training materials &/or requirements** *(not included above)***:** See ITCT-A fact sheet for materials available for clients 12 to 21 years.
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)***?** Multimodal, individualized interventions based on assessment; trauma-processing related to child's self capacities while increasing affect regulation skills (such as through mindfulness-oriented interventions); highly appropriate for multiple cultural and socioeconomic groups; and addressing developmental differences in clients aged 5 years to 12 years. ITCT-C incorporates structured, direct interventions that include developmentally appropriate expressive and play-oriented interventions. Flexible time frame based on the individual needs of child and family. ITCT-C addresses challenges specifically associated with complex trauma including an emphasis on relational/ attachment processing and systemic interventions with relevant caretakers. **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 requiring decision-making and flexibility on the part of the clinician. **Other qualitative impressions:** Client-oriented, nonstigmatizing, flexible, culturally inclusive.

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