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Home	Trauma Types	Resources	About Us	Treatments That Work	Products		Search

National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices

Training and Implementation Get Help Now What's New Audiences Topics What is CTS? Trauma Types Finding Help Trauma-Informed Screening & Assessment **General Information** Trauma Screening **Engaging Families** Assessment Resources Considerations for Implementation Adolescence and Substance Abuse Culture and Trauma Economic Stress Military and Veteran Families and Children Secondary Traumatic Stress Special Populations and Trauma Family-Youth-Provider Partnerships Creating Trauma-Informed System Child Welfare System Juvenile Justice System **Treatments That Work Promising Practices** Facts and Figures Families and Trauma Online Research Public Awareness Sustainability Policy Issues

The fact sheets linked from this page offer descriptive summaries of some of the clinical treatments, mental health interventions, and other trauma-informed service approaches that the National Child Traumatic Stress Network (NCTSN) and its various centers have developed and/or implemented as a means of promoting the Network's mission of raising the standard of care for traumatized youth and families.

This list does <u>not</u> present a comprehensive list of all relevant interventions developed and available for treating child traumatic stress. Nor do the fact sheets themselves offer a rigorous review of the evidence supporting each intervention. The NCTSN does not intend for this website to serve as a public notice or advertising space for interventions that its sites are not implementing.

Individuals who wish to know the evidence supporting an intervention may search online databases such as the National Registry of Evidence-Based Programs and Practices (NREPP) and the California Evidence-Based Clearinghouse for Child Welfare (CEBC). These websites offer a rigorous review of interventions—and the evidence supporting them—for a variety of child and adolescent mental health problems. Those searching for an intervention to best match the needs of the populations they serve are encouraged to consider other interventions than those summarized here.

Order NCTSN documents and other products where you see this icon—and have them delivered anywhere in the United States.

Page Contents:

- · How the Fact Sheets Were Developed
- How to Use the Fact Sheets
- Core Components of Interventions
- Intervention Descriptions

How the Fact Sheets Were Developed

These fact sheets were developed as part of the NCTSN Trauma-Informed Interventions: Clinical and Research Evidence and Culture-Specific Information Project, a joint venture undertaken by the NCTSN and the National Crime Victims Research and Treatment Center at the Medical University of South Carolina. The aim of this project was to summarize various types of clinical and research evidence pertaining to trauma-informed interventions, especially as these interventions relate to diverse cultural groups (as defined by such factors as race, ethnicity, sexual orientation, socioeconomic status, spirituality, disability, and geography).

Produced in close consultation with the developer of each treatment or service approach and replacing a set of fact sheets developed by the NCTSN in 2005, these documents include more up-to-date information and more culturally-relevant features. The fact sheets not updated for the NCTSN Trauma-Informed Interventions: Clinical and Research Evidence and Culture-Specific Information Project remain in their original form.

Back to Top

How to Use the Fact Sheets

In recognition of the diverse needs of the child and adolescent populations served by NCTSN sites across the country, the interventions and treatments listed below span a continuum of evidence-based and evidence-supported interventions ranging from rigorously evaluated interventions to promising practices and newly-emerging practices. Readers are encouraged to review and consider these practices from a variety of perspectives including the following:

- 1. Consider not only the levels and types of evidence that support the use of the intervention in general, but also its appropriateness for a given community and target population. For example, does it address the types of trauma and losses that are prevalent within that population? Does it address their typical consequences, such as mental distress, functional impairment, risky behavior, or developmental disruption?
- 2. More generally, the needs, values, available resources, demographic characteristics, and informed preferences of a provider's service population also influence the type of intervention needed. Factors to consider include these:
 - Local culture and values of the clientele and the surrounding community
 - Developmental factors, including age, cognitive, and social domains
 - · Socioeconomic factors
 - · Logistical and other barriers to help-seeking
 - Availability of individual/family/community strength-based resources that can be therapeutically leveraged
 - · Setting in which services are offered (school, residential, clinic, home)
- 3. Also consider such factors as training requirements, feasibility of adoption and implementation, and potential for sustainability. Readers should gather additional information on adoption readiness through discussions with the treatment developers and other sites that have implemented the practices.
- 4. The NCTSN has developed a position statement on Prerequisite Clinical Competencies for Implementing Effective, Trauma-informed Intervention—that agency leaders, clinicians, trainers, and others can use to guide optimal service provision to children and families affected by trauma—delineating the clinical knowledge and skills recommended prior to training in or implementing an evidence-based treatment (EBT) both within and outside of the NCTSN. A variety of NCTSN tools may be available to help build these foundational competencies, including the Core

Curriculum on Childhood Trauma.

5. Many existing trauma-focused interventions overlap in their content and approaches. These areas of overlap are termed core components. Core components can be conceptualized as intervention objectives (what the therapist intends to achieve by intervening) or practice elements (actions the therapist undertakes toward achieving the intervention objective). Providers should consider: (1) Whether a given intervention targets or includes the desired intervention objectives (outcomes valued by the clients), and (2) whether the practice elements used in the intervention can be realistically implemented by the therapist (e.g., specific skills-acquisition activities, homework, role-play, games). Taken together, agencies/clinicians should evaluate both intervention objectives and practice elements in terms of their "fit" with the specific needs and preferences of the population the agency serves.):

Back to Top

Core Components of Interventions

- Motivational interviewing (to engage clients)
- · Risk screening (to identify high-risk clients)
- Triage to different levels and types of intervention (to match clients to the interventions that will most likely benefit them/they need)
- Systematic assessment, case conceptualization, and treatment planning (to tailor intervention to the needs, strengths, circumstances, and wishes of individual clients)
- Engagement/addressing barriers to service-seeking (to ensure clients receive an adequate dosage of treatment in order to make sufficient therapeutic gains)
- · Psychoeducation about trauma reminders and loss reminders (to strengthen coping skills)
- Psychoeducation about posttraumatic stress reactions and grief reactions (to strengthen coping skills)
- Teaching emotional regulation skills (to strengthen coping skills)
- Maintaining adaptive routines (to promote positive adjustment at home and at school)
- · Parenting skills and behavior management (to improve parent-child relationships and to improve child behavior)
- · Constructing a trauma narrative (to reduce posttraumatic stress reactions)
- Teaching safety skills (to promote safety)
- Advocacy on behalf of the client (to improve client support and functioning at school, in the juvenile justice system, and so forth)
- Teaching relapse prevention skills (to maintain treatment gains over time)
- · Monitor client progress/response during treatment (to detect and correct insufficient therapeutic gains in timely ways)
- Evaluate treatment effectiveness (to ensure that treatment produces changes that matter to clients and other
- stakeholders, such as the court system) In contrast, interventions that do not include needed core components may be inappropriate for the population or may

In contrast, interventions that do not include needed core components may be inappropriate for the population or may require substantial adaptation.

🖻 Back to Top

Intervention Descriptions

Click on each intervention fact sheet, culture specific sheet or training guideline to download detailed information on the intervention as well as where to obtain additional information. Interventions are listed in alphabetical order.

		Sheet	Guidelines
8-21; both males and females; for youth experiencing a wide range of traumas	individual	Yes	
School-age children; for youth experiencing a wide range of traumas	individual, family	Yes	
0-18; both males and females; for children who have experienced a wide range of traumas	individual, family, systems	Yes	Yes
Birth – 24 months; both males and females; for low-income families who have experienced neglect, abuse, domestic violence, placement instability	individual, family	No	Yes
2-21; both males and females; for children, caregivers, and systems that have experienced a wide range of traumas	individual, family, systems	Yes	Yes
5-11;both males and females; for use in schools for youth experiencing a wide range of traumas	individual, group, family	No	-
	females; for youth experiencing a wide range of traumas School-age children; for youth experiencing a wide range of traumas 0-18; both males and females; for children who have experienced a wide range of traumas Birth – 24 months; both males and females; for low-income families who have experienced neglect, abuse, domestic violence, placement instability 2-21; both males and females; for children, caregivers, and systems that have experienced a wide range of traumas 5-11;both males and females; for use in schools for youth experiencing a wide	females; for youth experiencing a wide range of traumasindividual, familySchool-age children; for youth experiencing a wide range of traumasindividual, family0-18; both males and females; for children who have experienced a wide range of traumasindividual, family, systemsBirth - 24 months; both males and females; for children, low-income families who have experienced neglect, abuse, domestic violence, placement instabilityindividual, family, systems2-21; both males and females; for children, caregivers, and systems that have experienced a wide range of traumasindividual, family, systems5-11;both males and females; for use in schools for youth experiencing a wideindividual, group, family	females; for youth experiencing a wide range of traumasindividual, familyYesSchool-age children; for youth experiencing a wide range of traumasindividual, familyYes0-18; both males and females; for children who have experienced a wide range of traumasindividual, family, systemsYesBirth - 24 months; both males and females; for low-income families who have experienced neglect, abuse, domestic violence, placement instabilityindividual, family, systemsNo2-21; both males and females; for children, avide range of traumasindividual, family, systemsYes2-21; both males and females; for use in schools for youth experienced a wide range of traumasindividual, family, systemsYes5-11;both males and females; for use in schools for youth experiencing a wideindividual, group, familyNo

Child Adult Relationship Enhancement (CARE) (2008) (PDF)	Children of all ages and their caregivers; both males and females	family, systems	Yes	
Child and Family Traumatic Stress Intervention (CFTSI) (2012) (PDF)	7-18; both males and females; for parents and children who may have complex trauma histories	individual, family, systems	No	
Child Development- Community Policing Program (2007) (PDF)	0-18+; both males and females; for children and families in the aftermath of crime and violence.	individual, family, systems	No	
Child-Parent Psychotherapy (CPP) (2012) (PDF)	0-6; both males and females; for youth who have experienced a wide range of traumas and parents with chronic trauma	individual, family, systems	Yes	
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (2012) (PDF)	10-15; both males and females; for children who have experienced a wide range of traumas	individual, family, systems	Yes	Yes
Combined Parent Child Cognitive-Behavioral Approach for Children and Families At-Risk for Child Physical Abuse (CPC-CBT) (2015) (PDF)	4-17; both male and female; for families with a history of physical abuse and inappropriate physical discipline/coercive parenting strategies	individual, group, family	Yes	
COPE - Community Outreach Program - Esperanza (2007) (PDF)	4-18; both males and females; for traumatized children who are presenting with behavior or social-emotional problems	individual, family	No	
Culturally Modified Trauma- Focused Treatment (CM-TFT) (2008) (PDF)	4-18; both males and females; Latino/Hispanic; for youth who have experienced a wide range of traumas	individual, family	Yes	
Early Pathways (EP) (2017) (PDF)	Child abuse and neglect, sexual abuse, intimate partner abuse, community violence, multiple and prolonged traumatic events, and complex trauma	family	No	
Family Advocate Program (2005) (PDF)	18-70; both males and females; for youth who present with anxiety, depression, PTSD symptoms, and/or traumatic loss	family	No	
Forensically-Sensitive Therapy (2005) (PDF)	4-17; predominantly female; for youth presenting problems ranging from anxiety and depression to risk-taking behaviors and functional impairment. Program is designed for a mental health clinic.	individual, family	No	
Group Treatment for Children Affected by Domestic Violence (2007) (PDF)	5-no upper limit; both males and females; for children and their nonoffending parents who have been exposed to DV	group, family, systems	No	
Honoring Children, Making Relatives (2007) (PDF)	3-7; both males and females; for American Indian and Alaska Native children	individual, family	No	
Honoring Children, Mending the Circle (2007) (PDF)	3-18; both males and females; for American Indian and Alaska Native children	individual	No	
Honoring Children, Respectful Ways (2007) (PDF)	3-12; both males and females; for American Indian and Alaska Native children	individual	No	
Integrative Treatment of Complex Trauma for	2-21; both males and females; for Hispanic- American, African-	individual, family, systems	Yes	Yes

Adolescents (ITCT-A) (2008) (PDF)	American, Caucasian, Asian-American; for youth who may have complex trauma histories			
Integrative Treatment of Complex Trauma for Adolescents (ITCT-C) (2017) (PDF)	2-21; both males and females; for Hispanic- American, African- American, Caucasian, Asian-American; for youth who may have complex trauma histories	individual, family, systems	No	
International Family Adult and Child Enhancement Services (IFACES) (2012) (PDF)	6-12; both males and females; for refugee and immigrant children who have experienced trauma as a result of war or displacement	individual	Yes	
Let's Connect (LC) (2016) (PDF)	3-15; both males and females; for children who have experienced a wide range of traumas	individual, family	Yes	-
Parent-Child Interaction Therapy (PCIT) (2008) (PDF)	2-12; both males and females	individual, family, systems	Yes	Yes
Problematic Sexual Behavior- Cognitive-Behavioral Therapy for School-Age Children (PSB-CBT-S) (2016) (PDF)	7-12; both males and females; for children with problematic sexual behavior may or may not have a history of trauma	individual, family, systems	Yes	No
Psychological First Aid (PFA) (2012) (PDF)	0-120; both males and females; for individuals immediately following disasters, terrorism, and other emergencies	individual	Yes	
Real Life Heroes (RLH) (2012) (PDF)	6-12, plus adolescents (13-19) with delays in social, emotional or cognitive functioning; both males and females; for children who have experienced a wide range of traumas	individual, family, systems	Yes	Yes
Risk Reduction through Family Therapy (RRTF) (2015) (PDF)	13-18, both males and females; for adolescents and family; primary trauma type is childhood sexual abuse/sexual assault	family	No	
Safe Harbor Program (2007) (PDF)	6-21; both males and females; provided in schools for children and adolescents exposed to trauma and violence who may present with a range of problems and symptoms	individual, group, family, systems	No	-
Safety, Mentoring, Advocacy, Recovery, and Treatment (SMART) (2012) (PDF)	3-11; both males and females; to date the model has been effectively used with primarily African- American children; majority of families are low income	individual, family, systems	No	Yes
Sanctuary Model (2008) (PDF)	4-no upper limit; both males and females; evidence-supported template for system change based on the active creation and maintenance of a nonviolent, democratic, productive community to help people heal from trauma	systems	Yes	Yes
Skills for Psychological Recovery (SPR) (2012) (PDF)	5-120; both males and females	individual, family	Yes	
Skills Training in Affective and Interpersonal Regulation/Narrative Story- Telling (STAIR/NST) (2005) (PDF)	12-21; for females who have experienced sexual/physical abuse and a range of additional traumas, including community violence,	individual, group	No	Yes

	sexual assault			
Southeast Asian Teen Village 2005) (PDF)	adolescents; females, Southeast Asian (mostly Hmong)	group	No	
Streetwork Project (2007) PDF)	13-23; both males and females; harm reduction program good with a wide variety of ethnic/racial groups, religious group, and the LGBTQ community	individual, group, systems	No	-
Strengthening Family Coping Resources (SFCR) (2008) PDF)	0-no upper limit; both males and females; for families experiencing economic hardship	family	No	Yes
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) 2012) (PDF)	12-21; both males and females; for adolescents with Complex Trauma, e.g. adolescents exposed to chronic interpersonal trauma (such as ongoing physical abuse) and/or separate types of trauma (e.g. community violence, sexual assault).	group	Yes	_
Support for Students Exposed to Trauma: School Support for Child hood Irauma (SSET) (2017) (PDF)	10-16; both males and females; for use in schools for youth experiencing a wide range of traumas	individual	No	
Trauma Adapted Family Connections (TA-FC) (2012) PDF)	0-18; both males and females; who reside in the household; families experiencing complex development trauma, at risk of neglect	individual, family, group	No	-
Frauma Affect Regulation: Guide for Education and Fherapy (TARGET) (2012) PDF)	10-18+; both males and females; for children and caregivers experiencing traumatic stress; very frequently with single parents or with families whose children have limited contact with biological parents (e.g., foster kids, residential placements), and diversity of religious affiliations	individual, group, family, systems	Yes	Yes
Trauma and Grief Component Therapy for Adolescents TGCT-A) (2015) (PDF)	12-20; both males and females; for trauma- exposed or traumatically bereaved older children and adolescents	individual, group, family, systems	Yes	-
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) 2012) (PDF)	3-21; both males and females; for children with Posttraumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences, and their parents or primary caregivers	individual, family	Yes	Yes
Trauma-Focused Coping in Schools (TFC) (AKA: Aultimodality Trauma Treatment Trauma-Focused Coping-MMTT) (2012) (PDF)	6-18; both males and females; for children exposed to single incident trauma and targets posttraumatic stress disorder (PTSD) and collateral symptoms of depression, anxiety, anger, and external locus of control	individual, group	Yes	-
Trauma-Informed Organizational Self- Assessment (2008) (PDF)	6-19; both males and females; for children who have experienced a wide range of traumas	individual,family, systems	Yes	-
rauma Systems Therapy TST) (2016) (PDF)	6-19; both males and females; for youth who have experienced a wide range of traumas	systems	Yes	

Refugees (TST-R) (2016) (PDF)	females; newly arriving, recently resettled, and established refugee youth and communities		
	your and communities		
			Back to T
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