NCTSN The National Child Traumatic Stress Network

ITCT-A: Integrative Treatment of Complex Trauma for Adolescents

GENERAL INFORMATION

Treatment Description	**Acronym** *(abbreviation)* **for intervention:** ITCT-A **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, traumatic loss **Trauma type** *(secondary)*: Parental substance abuse
Target Population	**Age range:** 12 **to** 21 **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)***:** Homeless youth, 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 symptoms requiring special clinical attention. ITCT is based on developmentally appropriate, culturally adapted approaches that can be applied in multiple settings: outpatient clinic, school, hospital, inpatient, 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 continued	• 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. • Incorporates specific approaches for complex trauma treatment including aspects of the Self Trauma model, relational, cognitive-behavioral, and affect regulation approaches. • The relationship with the therapist is deemed crucial to the success of therapy; safety and trust are necessary components. • Multiple adaptations for youth 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 ongoing focus on arising challenges and traumas in the youth'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, identity-related issues, and substance abuse. There is a specific integrated or stand-alone substance use/abuse treatment module.
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, 2012-2015 **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 continued

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

If YES, please include citation:

Briere, J. (2015). Mindfulness and trigger management interventions for traumatized, substance-using youth. *Counselor, 16*, 41- 47.

Briere, J., & Lanktree, C.B. (2013). *Integrative treatment of complex trauma for adolescents (ITCT-A): A guide for the treatment of multiply-traumatized youth, 2nd edition*. Los Angeles, CA: USC Adolescent Trauma Training Center, National Child Traumatic Stress Network, Substance Abuse and Mental Health Services Administration.

Briere, J. & Lanktree, C.B. (2012). *Treating complex trauma in adolescents and young adults*. Thousand Oaks, CA: Sage.

Briere, J., & Lanktree, C.B. (2014). *Treating substance use issues in traumatized adolescents and young adults: Key principles and components*. Los Angeles, CA: USC Adolescent Trauma Training Center, National Child Traumatic Stress Network, Substance Abuse and Mental Health Services Administration.

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? No

Research Evidence	Sample Size (N) and Breakdown *(by gender, ethnicity, other cultural factors)*	Citation
Pilot Trials/Feasibility Trials *(w/o control groups)*	**N=**151 **Gender**: 35% (**N=**53) male and 65% (**N=**98) female	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.

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Pilot Trials/Feasibility Trials *(w/o control groups)* **continued**	**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	
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.	
Implementation Requirements & Readiness	**Space, materials or equipment requirements?** Materials downloadable at no cost from *attc.usc.edu* or *http://keck.usc.edu/Education/Academic_Department_and_Divisions/Department_of_Psychiatry/Research_and_Training_Centers/USC_ATTC.aspx* **Supervision requirements** *(e.g., review of taped sessions)***?** Dependent on needs of program **To ensure successful implementation, support should be obtained from:** USC-Adolescent Trauma Training Center *(attc.usc.edu)*	
Training Materials & Requirements	**List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.** Briere, J., & Lanktree, C.B. (2013). *Integrative treatment of complex trauma for adolescents (ITCT-A): A guide for the treatment of multiply-traumatized youth, 2nd edition*. Los Angeles, CA: USC Adolescent Trauma Training Center, National Child Traumatic Stress Network, Substance Abuse and Mental Health Services Administration. Briere, J., & Lanktree, C.B. (2014). *Treating substance use issues in traumatized adolescents and young adults: Key principles and components*. Los Angeles, CA: USC Adolescent Trauma Training Center, National Child Traumatic Stress Network, Substance Abuse and Mental Health Services Administration. Both manuals can be downloaded at no cost from *attc.usc.edu*	

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Training Materials & Requirements continued	**How/where is training obtained?** By contacting training coordinator at attc.usc.edu **What is the cost of training?** None **Are intervention materials** *(handouts)* **available in other languages?** ☒ **Yes** ❒ **No** **If YES, what languages?** Spanish **Other training materials &/or requirements** *(not included above)*: Training subject to accepted training application *(attc.usc.edu)*
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, highly appropriate for multiple cultural and socioeconomic groups, developmentally adapted for clients aged 12 years to 21 years, addresses challenges specifically associated with complex trauma, specific (separate) substance use/ abuse treatment manual, many interventions specifically deal with “acting out” or self-injurious/maladaptive behaviors, flexible time-frame. **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 **Other qualitative impressions:** Youth friendly, nonstigmatizing, flexible, culturally inclusive
Contact Information	**Name:** Cheryl Lanktree, Ph.D., John Briere, Ph.D., Karianne Chen, M.S., MFT **Address:** USC Adolescent Trauma Training Center, 3625 Del Amo Boulevard Suite 170, Torrance, CA 90503-1643 **Phone number:** (310) 370-9208 **Email:** attc@usc.edu **Website:** attc.usc.edu