## Integrative Treatment of Complex Trauma (ITCT)

### Treatment Description
- **Acronym (abbreviation) for intervention:** ITCT
- **Average length/number of sessions:** 16 to 36
- **Aspects of culture or group experiences that are addressed:** Relevant for a range of cultural groups and addresses specific challenges for more disadvantaged groups.
- **Trauma type** *(primary):* physical abuse, sexual abuse, emotional abuse and neglect, community violence, domestic violence, medical trauma, traumatic loss.
- **Trauma type** *(secondary):* parental substance abuse
- **Additional descriptors** *(not included above):* Most clients with complex psychological trauma—present with more than one type of trauma and frequently have parent-child attachment issues (e.g., parental abandonment, multiple foster placements).

### Target Population
- **Age range:** 2 yr. to 21 yr.
- **Gender:** □ Males □ Females x Both
- **Ethnic/Racial Group:** Hispanic-American, African-American, Caucasian, Asian-American
  Other cultural characteristics: Applicable for all SES groups; particularly adapted for economically disadvantaged and culturally diverse clients.
- **Language(s):** Interventions also adapted in Spanish
- **Region:** Urban; can be adapted for rural clients.

### Essential Components
- **Theoretical basis:** Assessment-driven treatment, with standardized trauma-specific measures administered at 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, and involve collaboration with multiple community agencies.
- **Key components:** Treatment follows standardized protocols involving empirically-based interventions for complex trauma and includes multiple treatment modalities: cognitive therapy, exposure therapy, play therapy, and relational treatment in individual and group therapy. Specific collateral and family therapy approaches are also integrated into treatment.
- **Therapeutic exposure and exploration of trauma is facilitated in a developmentally-appropriate and safe context, balanced with attention to increasing affect regulation capacities, enhanced self-esteem, and a greater sense of self-efficacy.**
- **ITCT incorporates specific approaches for complex trauma treatment including aspects of the Self Trauma model (Briere, 2002; Briere & Scott, 2006), Trauma-Focused Cognitive Behavior Therapy (Cohen et al, 2004), and traumatic grief therapy (Saltzman et al., 2003).**
- **The relationship with the therapist is deemed crucial to the success of therapy; safety and trust are necessary components.**
- Multiple adaptations for (a) children presenting to clinic and (b) children in the school system.
- Clients receive treatment based on needs identified through regular administration of standardized assessment protocols, developmental and cultural considerations.
- Immediate trauma-related issues such as anxiety, depression, and posttraumatic stress are addressed earlier in treatment (when possible), in order to increase the 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.

### Clinical & Anecdotal Evidence

- Are you aware of any suggestion/evidence that this treatment may be harmful?  
  - Yes  x 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  x No
- Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)?  
  - X Yes  □ No
  - If YES, please include citation: NCTSN 2004-2005 Annual Report
- Has this intervention been presented at scientific meetings?  
  - X Yes  □ No
- Are there any general writings which describe the components of the intervention or how to administer it?  
  - X Yes
- If YES, please include citation: Principles of Trauma Therapy (Briere & Scott, 2006)
- Has the intervention been replicated anywhere?  
  - X Yes  □ No
- Other countries? (please list) Multiple trainings in Canada, New Zealand, Scotland
- Other clinical and/or anecdotal evidence (not included above):

### Research Evidence

<table>
<thead>
<tr>
<th>Published Case Studies</th>
<th>Number of Participants</th>
<th>Sample Breakdown</th>
<th>Citation</th>
</tr>
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<tbody>
<tr>
<td>□ Yes</td>
<td>N =</td>
<td>By gender:</td>
<td></td>
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<tr>
<td>□ No</td>
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<td>X No</td>
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<tr>
<th>Pilot Trials/Feasibility Trials (w/o)</th>
<th>Two studies: N = 21</th>
<th>By gender: male and female (vary)</th>
<th>Not yet published. (presented at</th>
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<tr>
<td>X Yes</td>
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<tr>
<td>control groups</td>
<td>No</td>
<td>school), N = 11 (regular school-based)</td>
<td>by study) By ethnicity: Hispanic-American, African-American, Caucasian, Mixed (vary by study)</td>
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<tr>
<td>Clinical Trials (w/ control groups)</td>
<td>Yes</td>
<td>N =</td>
<td>By gender:</td>
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<td></td>
<td>No</td>
<td></td>
<td>By ethnicity:</td>
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<tr>
<td>Randomized Control Trials</td>
<td>Yes</td>
<td>N =</td>
<td>By gender:</td>
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<td>No</td>
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<td>By ethnicity:</td>
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<tr>
<td>Studies describing modifications</td>
<td>Yes</td>
<td>N =</td>
<td>By gender:</td>
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<td></td>
<td>No</td>
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<td>By ethnicity:</td>
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<tr>
<td>Other research evidence</td>
<td>X</td>
<td>Clinic-based, N = 64</td>
<td>By gender: 27 male, 37 female By ethnicity: 45.3% Hispanic-American, 28.1% African American, 17.2% Caucasian, 9.4% Asian-American</td>
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<td></td>
<td>Yes</td>
<td></td>
<td>Not yet published. (presented at multiple conferences)</td>
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### Outcomes
- What assessments or measures are used as part of the intervention or for research purposes, if any?
- Initial clinical interview(s) with child or adolescent and caretaker
- Trauma Symptom Checklist for Children (TSCC and TSCC-A)
- Trauma Symptom Checklist for Young Children (TSCYC)
- Trauma Symptom Inventory
- Children's Behavior Checklist (CBCL)-parent and youth self-report
- Children's Depression Inventory
| Training Materials & Requirements | • List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained: Manuals for children and adolescents in progress; interventions for older adolescents described in a recent book (Briere & Scott, 2006).  
• How/where is training obtained? MCAVIC, USC, at other NCTSN sites, national conferences and trainings offered throughout the U.S.A.  
• What is the cost of training? No cost if provided at MCAVIC or USC; other national trainings require a registration fee.  
• Are intervention materials (handouts) available in other languages?  
  □ Yes x No  
• Other training materials &/or requirement (not included above): Training also available for family-focused interventions with medical trauma. |
| --- | --- |
| 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)? Can be used with multiple cultural and socioeconomic groups, and is developmentally adapted for clients aged 2 years to 21 years. Complicated challenges associated with complex trauma are addressed with this intervention model.  
• Empirical findings support the effectiveness of ITCT.  
• 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; empirical/research support does not yet include comparison with control groups. |
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