

GENERAL INFORMATION

<p>Treatment Description</p>	<p>Acronym (abbreviation) for intervention: TAP</p> <p>Average length/number of sessions: Session length varies based upon the clinical intervention(s) selected.</p> <p>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): Ethnicity/race factors are considered in terms of the client’s role in the family and community as well as their own level of acculturation and special considerations for treatment and symptom presentation as it relates to culture. Considerations for assessing different cultural groups are included.</p> <p>Trauma type (primary): Child maltreatment</p> <p>Trauma type (secondary): Complex trauma</p> <p>Additional descriptors (not included above): All forms of childhood trauma are addressed within the model.</p>
<p>Target Population</p>	<p>Age range: 2 to 18</p> <p>Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p>Ethnic/Racial Group (include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): TAP can be used with Latinos and other Spanish-speaking populations. The model can also be adapted for use with other ethnic and cultural groups.</p> <p>Other cultural characteristics (e.g., SES, religion): N/A</p> <p>Language(s): English and Spanish</p> <p>Region (e.g., rural, urban): Any</p> <p>Other characteristics (not included above): N/A</p>
<p>Essential Components</p>	<p>Theoretical basis: Developmental, systems, and cognitive-behavioral theories</p> <p>Key components: Assessment, Triaging Clients, Forming Clinical Hypotheses, Evidence-Supported Clinical Interventions.</p>
<p>Clinical & Anecdotal Evidence</p>	<p>Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>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). 3</p> <p>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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<p>Clinical & Anecdotal Evidence continued</p>	<p>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Every month satisfaction rates are reported in Chadwick Center reports to team leaders. The Chadwick Center, Satisfaction Report, August 2006, reported satisfaction results for 14 therapists utilizing assessment-based treatment as described in the TAP model. Over 90% of parents reported being mostly to very satisfied in these surveys. In addition, satisfaction rates for clients triaged to TF-CBT were reported in the Breakthrough Series Collaborative monthly metrics (BSC Improvement Metrics, April 2006). One hundred percent of the caretakers triaged using techniques of the TAP model reported being satisfied with the treatment they received.</p> <p>Has this intervention been presented at scientific meetings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation(s) from last five presentations: San Diego International Conference on Child and Family Maltreatment: Conradi & Hazen, 2008; Gilbert & Taylor, 2006 International Society for Traumatic Stress Studies (ISTSS): Gilbert & Killen-Harvey, 2007</p> <p>Are there any general writings which describe the components of the intervention or how to administer it? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Taylor, Gilbert, Mann & Ryan, 2006</p> <p>Has the intervention been replicated anywhere? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The intervention has been tested within the Chadwick Center and is being replicated at three other sites across the United States (Laredo, Texas; Tulsa, Oklahoma, Albany, Georgia and Houston, TX).</p> <p>Other countries? <i>(please list)</i> N/A</p> <p>Other clinical and/or anecdotal evidence (not included above): None</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i></p>	<p>Citation</p>
<p>Clinical Trials <i>(w/control groups)</i></p>	<p>N=59 (quasi-experimental, non-randomized)</p>	
<p>Randomized Controlled Trials</p>	<p>N=55</p>	<p>Kolko, 1996a; Kolko, 1996b</p>

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<p>Outcomes</p>	<p>What assessments or measures are used as part of the intervention or for research purposes, if any? Participants are administered a core set of measures based upon the specific site needs. Recommended measures include an adapted Core Clinical Characteristics Form which also serves as an intake form, the Trauma Symptom Checklist for Children, the Child Behavior Checklist for Children, and the UCLA PTSD Reaction Index. Additional measures are included within the model, depending upon the individual needs of the client. Family measures, cultural measures, measures of caretaker functioning, and measures of specific posttraumatic stress symptoms are among the domains assessed via the model.</p> <p>If research studies have been conducted, what were the outcomes? N/A</p>
<p>Implementation Requirements & Readiness</p>	<p>Space, materials or equipment requirements? Access to a variety of assessment measures as well as the ability to score the measures (by hand or electronically) and a locked filing cabinet/storage space for the completed measures.</p> <p>Supervision requirements (e.g., review of taped sessions)? The Clinical Supervisor at the site needs to be trained on the model and actively discuss the model within supervision sessions. As sites are implementing the TAP Model, it is recommended that they receive 3-6 months of consultation as needed on TAP after receiving training on each component (assessment, triage and treatment). Consultation includes case consultation as it pertains to each component of the model.</p> <p>To ensure successful implementation, support should be obtained from: Review of the TAP Manual as well as staff at the Chadwick Center.</p>
<p>Training Materials & Requirements</p>	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. www.chadwickcenter.org</p> <p>How/where is training obtained? The Chadwick Center staff provide training on the model. Contact Lisa Conradi, Psy.D.</p> <p>What is the cost of training? \$1000 per day for up to 15 people.</p> <p>Are intervention materials (handouts) available in other languages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Other training materials &/or requirements (not included above): An electronic database that provides scoring information and feedback from assessment measures can be licensed. Also, a database that tracks clients throughout treatment is recommended, and can be obtained through the trainers.</p>

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<p>Pros & Cons/ Qualitative Impressions</p>	<p>What are the pros of this intervention over others for this specific group <i>(e.g., addresses stigma re. treatment, addresses transportation barriers)?</i></p> <p>This intervention allows the clinician to accurately assess the client’s needs and select the best intervention for the individual client based upon the unique client picture. The model includes factors that are unique to the client’s culture and factors that are unique to the individual apart from their culture.</p> <p>What are the cons of this intervention over others for this specific group <i>(e.g., length of treatment, difficult to get reimbursement)?</i></p> <p>The model itself is complex and for sites to take full advantage of the model, clinicians should be trained in a variety of different evidence-based practices and be open to using assessment measures in their clinical practice.</p> <p>Other qualitative impressions:</p> <p>The Supervisor needs to be trained on the intervention and assessment measures to be able to help clinicians use the model effectively to either triage to an existing evidence-based practice or to utilize the treatment component of the model.</p>
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<p>References</p>	<p>Conradi, L. & Hazen, A. (2008, January). <i>Evaluating the Trauma Assessment Pathway (TAP) Model</i>. Presented at the 22nd Annual San Diego International Conference on Child and Family Maltreatment, San Diego, CA.</p> <p>Gilbert, A. & Killen-Harvey, A. (2007, November). <i>Assessment-based treatment for traumatized children: Using the Trauma Assessment Pathway (TAP) Model</i>. Presented at the 23rd Annual ISTSS Annual Meeting, Baltimore, MD.</p> <p>Gilbert, A. & Taylor, N. (2006, January). <i>Assessment-based treatment for traumatized children: A Trauma Assessment Pathway Model (TAP): Integrating standardized assessment and trauma-focused treatment</i>. Presented at the 20th Annual San Diego International Conference on Child and Family Maltreatment, San Diego, CA.</p> <p>Kolko, D.J. (1996a). Clinical monitoring of treatment course in child physical abuse: Psychometric characteristics and treatment comparisons. <i>Child Abuse & Neglect</i>, 20, 23-43.</p> <p>Kolko, D.J. (1996b). Individual cognitive-behavioral treatment and family therapy for physically abused children and their offending parents: A comparison of clinical outcomes. <i>Child Maltreatment</i>, 1, 322-342.</p> <p>Taylor, N., Gilbert, A., Mann, G., & Ryan B.E. (2006, July). <i>Assessment-based treatment for traumatized children: A trauma assessment pathway</i>. Chadwick Center for Children & Families, Children’s Hospital-San Diego. Retrieved September 8, 2006 from www.chadwickcenter.org.</p>