Over the years, mental health providers and researchers have been concerned about the large numbers of children and adolescents who drop out of treatment early and fail to complete treatment as planned. This study examined differences in therapeutic outcomes for youth who completed treatment as planned and those who ended treatment early. This overview provides what we learned from the study for caregivers whose child is in need of, or is currently engaged in, trauma-focused treatment. The detailed report is published in the journal *Psychiatry: Interpersonal and Biological Processes*.

**What is the issue?**

- Mental health providers have long been concerned about child and adolescent clients not getting the full benefit of treatment because of barriers to treatment completion and high dropout rates. The dropout rate in child mental health services ranges from 28% to 75%.
- Treatment dropout has been linked to ongoing Posttraumatic Stress Disorder symptoms; poor functioning at home, with peers, and in school; and developing other mental health conditions.
- The Study Team wanted to compare the outcomes of two groups treated at NCTSN centers: children who finished a full course of trauma-focused treatment and children who attended a partial course, e.g., participated in a few sessions and stopped coming before they finished.

**What are the findings?**

- This study—of a diverse group of over 7,000 traumatized children and adolescents from across the country—demonstrated that the trauma-focused treatments provided by clinicians at NCTSN centers produced significant therapeutic benefit.
- The children were seeking evaluation and treatment for trauma-related problems from community mental health centers, residential care programs, juvenile justice programs, child welfare agencies, school-based mental health programs, and university mental health clinics.
- The therapeutic benefits were documented during follow-up visits. Children who completed treatment as planned compared to non-completers:
  - Were less likely to have problems at home, in school and with peers
  - Showed greater improvements in PTSD, depression, anxiety and anger
  - Were less likely to be clinically diagnosed with anxious and aggressive behaviors
- The NCTSN is leading the way in promoting the use of strategies to improve access to services and remove barriers to care; enhance child treatment engagement and retention; increase parent/caregiver involvement in treatment; ensure the cultural relevance and appropriateness of its trauma intervention programs; and adapt interventions for at-risk populations such as refugee children and families, homeless youth, and military families.
WHAT TO DO

What can you do?

1. Learn more about trauma and its impact on children, adolescents, and families. The NCTSN provides helpful information about trauma for parents and caregivers. Here are a few resources to get you started.

   https://www.nctsn.org/what-is-child-trauma
   https://www.nctsn.org/audiences/families-and-caregivers
   https://www.nctsn.org/trauma-informed-care/families-and-trauma

2. Talk to your child's treatment provider or therapist and ask how you can become more involved in their care and/or support your child as they complete treatment. Partnership among family, youth, and providers blends professional expertise and your experiences of trauma and healing to achieve more successful and meaningful outcomes of care.

   https://www.nctsn.org/trauma-informed-care/families-and-trauma/introduction

3. Learn more about treatments that work. Parents and caregivers play an essential role in helping children and teenagers recover from traumatic events. Work with your provider to learn about effective treatments based on the needs and preferences of your child and family.

   https://www.nctsn.org/treatments-and-practices/trauma-treatments/overview
   https://www.nctsn.org/resources/engaging-family-and-youth-trauma-focused-treatment


Acknowledgements:
We would like to thank Cynthia Whitham, DeAnna Griffin, and Mark Jacobs for their assistance with the development of this brief.

Suggested Citation:

The Core Data Set was developed as a central part of the mission and vision of National Child Traumatic Stress Network (NCTSN), which seeks to raise the standard of care for children who have experienced trauma. The NCTSN Core Data Set was the first collection of behavioral health data to include a set of forms and assessment measures designed to systematically capture important demographics, trauma exposure, client functioning, service use, and treatment information for youth and families affected by trauma. The Core Data Set includes information from 78 NCTSN sites that received referrals for 14,890 children who experienced trauma between the years of 2004 and 2010.

This fact sheet was developed (in part) with the assistance of grants from the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed herein are those of the authors and do not necessarily reflect those of the CMHS, SAMHSA, or the HHS. The authors of these publications acknowledge the sites within the NCTSN that have contributed data to the Core Data Set, as well as the children and families who have contributed to our growing understanding of child traumatic stress.