

Treatment Completion vs. Premature Termination: What Mental Health Providers Should Know



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 key findings from the study for clinicians and mental health providers who deliver trauma-focused treatments and interventions. The detailed report is published in the journal *Psychiatry: Interpersonal and Biological Processes*.

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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 PTSD symptoms; poor functioning at home, with peers, and in school; and developing other mental health conditions.
- Researchers wanted to compare the outcomes of two groups treated at NCTSN sites: children who finished a full course of trauma-focused treatment and children who attended a partial course of treatment.

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 sites 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 traumatic stress.

The NCTSN provides helpful information about trauma for clinicians and mental health providers. Here are a few resources to get you started.

<https://www.nctsn.org/what-is-child-trauma/about-child-trauma>

<https://www.nctsn.org/what-is-child-trauma/trauma-types>

<https://www.nctsn.org/what-is-child-trauma/populations-at-risk>

2

Partner with your clients and their caregiver(s) to: enhance support and engagement as they participate in treatment, understand the unique needs and culture of each child and family, identify potential barriers to treatment (e.g., transportation, language preferences). Partnerships among family, youth, and providers blends professional expertise and the experiences of trauma and healing to achieve more successful and meaningful outcomes of care. It also assists with treatment retention to maximize the benefits of trauma-focused treatment.

<https://www.nctsn.org/trauma-informed-care>

<https://www.nctsn.org/trauma-informed-care/family-youth-provider-partnerships>

<https://www.nctsn.org/resources/whats-sharing-power-got-do-trauma-informed-practice>

3

Deliver treatments that work.

Trauma-informed screening and assessment practices help providers identify children's and families' needs early in the process and to tailor services to meet those needs. Paired with effective treatments and interventions, providers can share their expertise to promote healing and recovery.

<https://www.nctsn.org/treatments-and-practices>

<https://www.nctsn.org/treatments-and-practices/screening-and-assessment>

<https://www.nctsn.org/resources/engaging-family-and-youth-trauma-focused-treatment>



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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.

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