

Empirically Supported Treatments and Promising Practices

The approaches listed in the Supplemental Handouts section are interventions being implemented by centers within the National Child Traumatic Stress Network. Please note that these interventions do not represent all relevant practices available for treating child traumatic stress. You can obtain additional information, and the efficacy ratings of these treatments, by visiting:

- The National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices webpage at http://www.nctsn.org/nccts/nav.do?pid=ctr_top_trmnt_prom
- The California Evidence-Based Clearinghouse for Child Welfare at <http://www.cachildwelfareclearinghouse.org>.

List of practices:

- Alternatives for Families: A Cognitive-Behavioral Therapy
- Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)
- Assessment-Based Treatment for Traumatized Children: Trauma Assessment Pathway (TAP)
- Attachment, Self-Regulation, and Competence (ARC): A Comprehensive Framework for Intervention with Complexly Traumatized Youth
- Child Adult Relationship Enhancement (CARE)
- Child Development-Community Policing Program (CDCP)
- Child-Parent Psychotherapy (CPP)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Combined Parent Child Cognitive-Behavioral Approach for Children and Families At-Risk for Child Physical Abuse
- Community Outreach Program – Esperanza (COPE)
- Culturally Modified Trauma-Focused Cognitive Behavioral Therapy (CM TF-CBT)
- International Family Adult and Child Enhancement Services (IFACES)
- Group Treatment for Children Affected by Domestic Violence
- Honoring Children, Making Relatives
- Honoring Children, Mending the Circle
- Honoring Children, Respectful Ways
- Integrative Treatment of Complex Trauma (ITCT)
- Multimodality Trauma Treatment – Trauma-focused Coping (MMTT)
- Parent-Child Interaction Therapy (PCIT)
- Real Life Heroes

- Safe Harbor Program
- Safety, Mentoring, Advocacy, Recovery, and Treatment (SMART)
- Sanctuary Model
- Streetwork Project
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents (TARGET-A)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Trauma-Focused Cognitive Behavioral Therapy for Childhood Traumatic Grief (TF-CBT-CTG)
- Trauma Grief Component Therapy for Adolescents (TGCT-A)
- Trauma Systems Therapy (TST)



Interviewing a Provider: Referral Questions

What?

What type of therapy do you provide for (the identified problem)?

Are you trained in an Evidence Based Practice?

What specific skills do you teach for coping?

What is the role of psychoeducation, how is it used?

How?

What does therapy look like?

How are caregivers involved in therapy?

Do you assign homework or practice activities between sessions?

How long is treatment typically?

Do you follow a structured program or manual for treatment?

How do you measure treatment progress?

How do you determine the pace of treatment?

Knowledge?

Are you knowledgeable about the child welfare system?

Are you knowledgeable about trauma impact and the impact of child welfare involvement on children and families?

Collaboration?

Have you worked with anyone in Child Welfare before?

How do you think Child Welfare Professionals can support therapy?

In what ways and how often do you communicate with Child Welfare?

Questions to Ask Mental Health Providers

1. Does the individual/agency that provides therapy conduct a comprehensive trauma assessment?
 - What specific standardized measures are given?
 - What did your assessment show?
 - What were some of the major strengths and/or areas of concern?
2. Is the clinician/agency familiar with evidenced-based treatment models?
3. Have clinicians had specific training in an evidenced-based model (when, where, by whom, how much)?
4. Does the individual/agency provide ongoing clinical supervision and consultation to its staff, including how model fidelity is monitored?
5. Which approach(es) does the clinician/agency use with children and families?
6. How are parent support, conjoint therapy, parent training, and/or psychoeducation offered?
7. Which techniques are used for assisting with the following:
 - Building a strong therapeutic relationship
 - Affect expression and regulation skills
 - Anxiety management
 - Relaxation skills
 - Cognitive processing/reframing
 - Construction of a coherent trauma narrative
 - Strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered and integrated into the child's experience
 - Personal safety/empowerment activities
 - Resiliency and closure
8. How are cultural competency and special needs issues addressed?
9. Is the clinician or agency willing to participate in the multidisciplinary team (MDT) meetings and in the court process, as appropriate?

Questions for Monitoring Treatment

APPLE for active treatment components

Attendance:

Is the child showing up for regularly scheduled appointments? What are the dates of the appointments attended? Missed?

Participation:

Tell me about the child's level of participation in therapy sessions?

How is the parent/caregiver involved in treatment?

Is the child completing assigned homework activities? Is the parent/ caregiver completing assigned homework activities?

How has any lack of at home practice been addressed? What can I (Child Welfare) do to support homework completion?

Provider:

Is treatment progressing at the pace you initially set according to the treatment goals?

Are there challenges, or crisis in the home preventing you from following the planned treatment agenda?

Learning:

Have you observed the child/family integrating coping skills or other strategies learned in treatment into daily life?

Is the child/family able to talk about their mental health problem in a manner which demonstrates realistic, positive, healthy or helpful thoughts rather than unhelpful or negative thoughts?

How is the parent/caregiver integrating positive parenting into their relationship with the child?

**** Be sure to share your observations (positive and concerning) of family/child learning.**

Evaluation:

When was the last structured assessment completed? Can you share a copy/the results?

How does the evaluation demonstrate a decrease in clinical symptoms?

Does the current treatment plan need to be adjusted based on evaluation of progress?