## ITCT: Integrative Treatment of Complex Trauma

### General Information

<table>
<thead>
<tr>
<th>Treatment Description</th>
<th><strong>Acronym (abbreviation) for intervention:</strong> ITCT</th>
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<tbody>
<tr>
<td><strong>Average length/number of sessions:</strong></td>
<td>16 to 36</td>
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<td><strong>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers):</strong></td>
<td>Relevant for a range of cultural groups and addresses specific challenges for more disadvantaged groups.</td>
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<td><strong>Trauma type (primary):</strong></td>
<td>Physical abuse, sexual abuse, emotional abuse and neglect, community violence, domestic violence, medical trauma, traumatic loss.</td>
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<td><strong>Trauma type (secondary):</strong></td>
<td>Parental substance abuse</td>
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<td><strong>Additional descriptors (not included above):</strong></td>
<td>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).</td>
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<tr>
<th>Target Population</th>
<th><strong>Age range:</strong> 2 to 21</th>
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<tbody>
<tr>
<td><strong>Gender:</strong></td>
<td>Males ☐ Females ☒ Both</td>
</tr>
<tr>
<td><strong>Ethnic/Racial Group (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans):</strong></td>
<td>Hispanic-American, African-American, Caucasian, Asian-American</td>
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<tr>
<td><strong>Other cultural characteristics (e.g., SES, religion):</strong></td>
<td>Applicable for all SES groups; particularly adapted for economically disadvantaged and culturally diverse clients.</td>
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<td><strong>Language(s):</strong></td>
<td>Interventions also adapted in Spanish</td>
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<td><strong>Region (e.g., rural, urban):</strong></td>
<td>Urban; can be adapted for rural clients.</td>
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<tr>
<th>Essential Components</th>
<th><strong>Theoretical basis:</strong> 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 involves collaboration with multiple community agencies.</th>
</tr>
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<tr>
<td><strong>Key components:</strong></td>
<td>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.</td>
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<td></td>
<td>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.</td>
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## Essential Components continued

- ITCT incorporates specific approaches for complex trauma treatment including aspects of the Self Trauma model (Briere, 2002; Briere & Scott, 2006), Trauma-Focused Cognitive Behavioral 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 ☒ 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 ☐ No ☒

**Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)?** ☒ Yes ☐ No

*If YES, please include citation:* NCTSN 2004-2005 Annual Report

**Has this intervention been presented at scientific meetings?**
- Yes ☒ No ☐

*If YES, please include citation(s) from last five presentations:*

**Are there any general writings which describe the components of the intervention or how to administer it?**
- Yes ☒ No ☐

*If YES, please include citation:*
*Principles of trauma therapy* (Briere & Scott, 2006)
### General Information

**Clinical & Anecdotal Evidence continued**

Has the intervention been replicated anywhere?  
☑ Yes  □ No

Other countries? *(please list)* Multiple trainings in Canada, New Zealand, Scotland

### Research Evidence

**Pilot Trials/Feasibility Trials (w/o control groups)**

Two studies:

- **N=21** (storefront/alternative school)
- **N=11** (regular school-based)

By gender:  
male and female (vary by study)

By ethnicity:  
Hispanic-American, African-American, Caucasian, Mixed (vary by study)

Citation

Not yet published (presented at multiple conferences).

**Other Research Evidence**

Clinic Based, **N=64**

By gender:  
27 male, 37 female

By ethnicity:  
45.3% Hispanic-American, 28.1% African-American, 17.2% Caucasian, 9.4% Asian-American

Citation

Not yet published (presented at multiple conferences).

### 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
- UCLA Trauma Reaction Index
- Trauma Symptom Review for Adolescents
- Child Sexual Behavior Inventory
## GENERAL INFORMATION

### Outcomes continued

If research studies have been conducted, what were the outcomes?

For school-based program studies, there were significant decreases in depression, posttraumatic stress, dissociation, internalizing symptoms, and externalizing symptoms.

For clinic-based studies, clients reported significantly reduced symptoms on all trauma-related areas as measured by the TSCC: anxiety, depression, anger, posttraumatic stress, dissociation, and sexual concerns.

### 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?**

Miller Children’s Abuse and Violence Intervention Center University of Southern California Child and Adolescent Trauma Program (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  ☐ No

**Other training materials &/or requirements (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.
## Contact Information

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## References