## Treatment Description

- **Acronym (abbreviation) for intervention:** Trauma Grief Component Therapy for Adolescents (TGCT-A)
- **Average length/number of sessions:** Individual session length is an average of 50 minutes. (Sessions can be shortened in length to accommodate school class periods. Alternatively, individual sessions can be expanded up to 90 minutes in length, as needed and if time allows.) Depending on the number and types of treatment modules that are implemented, the total number of sessions ranges from 10 to 24.
- **Aspects of culture or group experiences that are addressed** (e.g., faith/spiritual component, or addresses transportation barriers): Emphasis is given throughout the intervention (e.g., in psychoeducational exercises, skills-building exercises, and group or family-based interventions) to individual differences in responses to trauma or traumatic loss. These differences may arise from cultural, developmental, or exposure-based influences on how children, adolescents, and their families respond to traumatic experiences. Module III consists of a grief component that emphasizes particular sensitivity to cultural, developmental, or religious/spiritually-linked differences in responses to death.
- **Trauma type (primary):** community violence
- **Trauma type (secondary):** traumatic loss (death)
- **Additional descriptors (not included above):** TGCT-A is a manualized treatment for trauma-exposed or traumatically bereaved older children and adolescents that may be implemented in school, community mental health, or other service settings. The program has been implemented with a wide range of trauma-exposed and traumatically bereaved older child and adolescent populations, in both the United States and international settings. These populations include youth impacted by community violence, traumatic bereavement, natural and man-made disasters, war/ethnic cleansing, domestic violence, witnessing interpersonal violence, medical trauma, serious accidents, physical assaults, gang violence, and terrorist events.

## Target Population

- **Age range:** (lower limit) 12 to (upper limit) 20
- **Gender:** ☐ Males ☐ Females ☑ Both
- **Ethnic/Racial Group** (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): The program has been implemented and evaluated with a broad variety of groups, including war-exposed Bosnian adolescents (comprised of ethnic Muslim, Croatian, and Serbian youths); multi-racial, multi-ethnic middle and high school students exposed to community violence and school shootings in Pasadena, Long Beach, and Santee, Southern California; and among adolescents exposed to the September 11th 2001 terrorist attacks in New York City. Preliminary versions of the intervention were implemented with children exposed to...
community violence in an impoverished urban community in Inglewood, California; with socioeconomically disadvantaged youths exposed to gang-related violence in San Fernando, California; and with youths exposed to a massive earthquake in Armenia.

- **Other cultural characteristics (e.g., SES, religion):** The intervention has been implemented with a variety of socioeconomic and religious/cultural/ethnic groups, as described above.
- **Language(s):** Currently English and Bosnian. The authors are open to translating and adapting the intervention for other cultural groups.
- **Region (e.g., rural, urban):** The program has been implemented in inner-city, urban, and post-war settings.
- **Other characteristics (not included above):** The program has been implemented and evaluated in both individual and group-based modalities. A family-focused intervention component is also included in the manual.

### Essential Components

- **Theoretical basis:** Trauma Grief Component Therapy for Adolescents is based on a developmental psychopathology model that addresses the complexity of traumatic experience, the roles of trauma and loss reminders, the interplay of trauma and grief, the influences of life adversities, the influence of traumatic expectations on current and future behavior, and the importance of restoring developmental progression. TGCT-A also draws upon cognitive-behavioral theory and social provisions theory.

- **Key components:** TGCT-A is a multi-component (modularized) treatment manual and accompanying workbook with detailed instructions for conducting individual or group sessions. The intervention is assessment-driven, with specific treatment modules being selected for implementation based on clients' problems, needs, and strengths. The intervention contains a variety of components. These include (a) initial assessment, case conceptualization, and treatment planning; (b) psychoeducation, (c) emotional regulation skills, (d) addressing youths' and families' traumatic stress experiences and reactions, (e) promoting adaptive coping (e.g., social support, problem-solving, contending with trauma and loss reminders), (f) addressing maladaptive beliefs relating to trauma and loss, (g) promoting adaptive developmental progression, (h) addressing grief and loss, (i) maintaining adaptive routines, (j) relapse prevention, and (k) ongoing monitoring, surveillance, and evaluation of treatment response. Family/parent sessions are offered at key points in treatment. Assessment tools are available to measure all major targeted therapeutic outcomes.

### 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).** 4
- **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:** Layne, C. M., Saltzman, W. R., Burlingame, G.
Has this intervention been presented at scientific meetings?  Yes  No
If YES, please include citation:

Layne, C. M., & Saltzman, W. S. (2004, April). Approaches to Treating Traumatically Bereaved Youth. In Childhood Traumatic Grief. Invited symposium conducted at the national meeting of The National Center for Mental Health Promotion and Youth Violence Prevention, Kansas City, MO.


- Are there any general writings which describe the components of the intervention or how to administer it? □ Yes □ No
  If YES, please include citation:


- Has the intervention been replicated anywhere? □ Yes □ No
  Other countries? (please list) Bosnia & Hercegovina

- Other clinical and/or anecdotal evidence (not included above): A deliberate search for poor or adverse clinical outcomes was undertaken in an independent program evaluation conducted across 10 participating secondary schools in Bosnia. Very few (1 to 2%) poor outcomes were found, either as
measured using quantitative measures (PTSD symptoms, depression symptoms) or using qualitative methods (focus groups). In contrast, strong evidence of program benefit was found among the majority of participating students.

<table>
<thead>
<tr>
<th>Research Evidence</th>
<th>Number of Participants</th>
<th>Sample Breakdown</th>
<th>Citation</th>
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<tbody>
<tr>
<td></td>
<td>N = 26 (Saltzman et al. open trial)</td>
<td>By other cultural factors: (Saltzman et al. open trial): 11-14</td>
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<tr>
<td><strong>Pilot Trials/Feasibility Trials (w/o control groups)</strong></td>
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<tr>
<td>Yes</td>
<td>N = 6 (Layne et al. pilot trial)</td>
<td>By gender: All studies: Combined Boys and Girls</td>
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<tr>
<td>No</td>
<td>N = 26 (Saltzman et al. open trial)</td>
<td>By other cultural factors: (Saltzman et al. open trial): 11-14</td>
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<tr>
<td>Clinical Trials (w/ control groups)</td>
<td>Yes</td>
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<tr>
<td>1. Implementing CBT for Youth and Families After September 11th: Lessons Learned from the Child and Adolescent Trauma Treatments and Services (CATS) Project. Authorship: CATS Consortium Status: Under review</td>
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<td>2. Clinical Outcomes of CBT on Youth Affected by the WTC</td>
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| Randomized Control Trials | N = 79 experimental/96 control | By gender: Combined boys and girls (treated in groups)  
By ethnicity: War-exposed Bosnian secondary school students  
By other cultural factors: Adolescents living amidst severe adversity in post-war Bosnia. | Layne, C. M., Saltzman, W., Poppleton, L., et al. (manuscript in preparation).  
Component Therapy for Trauma and Grief: An effectiveness evaluation of a Bosnian school-based post-war program.  
Layne, C. M., Poppleton, L., Saltzman, W., et al. (manuscript in preparation).  
Effectiveness of Component Therapy for Trauma and Grief: In search of mechanisms of therapeutic change. |
| --- | --- | --- | --- |
| Studies describing modifications | N = | By gender:  
By ethnicity:  
By other cultural factors: |  
Effectiveness of a Trauma/Grief- |
| Other research evidence | N = 34 | By gender: Both girls and boys  
By ethnicity: Bosnian Muslim  
By other cultural factors: War-exposed secondary school students |  
Effectiveness of a Trauma/Grief- |
### Outcomes

- **What assessments or measures are used as part of the intervention or for research purposes, if any?** Qualitative instruments: Focus groups conducted by independent program evaluators.
- **Quantitative Instruments** (used for risk screening, clinical interview, triage, monitoring, and/or for program evaluation applications):
  - War Trauma Exposure Scale (Layne, Stuvland, Saltzman, Steinberg, & Pynoos, 1999; 55 items)
  - Post-War Trauma Exposure Scale (Layne, Steinberg & Pynoos, 2000; 14 items)
  - Trauma Reminders Screening Inventory (Layne, Steinberg, & Pynoos, 1998; 17 items)
  - UCLA Reaction Index-Revised (Pynoos, Rodriguez, Steinberg, & Frederick, 1999; 17 items)
  - Post-War Adversities Scale (Layne, & Pynoos, 1999; 26 items)
  - Depression Self-Report Scale (Birelson, 1987; 19 items)
  - Youth Outcome Questionnaire Somatization and Social Problems Subscales (Burlingame, Wells, & Lambert, 1999; 8 items)
  - Loss Reminders Screening Inventory (Layne, Savjak, Steinberg, & Pynoos, 1999; 17 items)
  - UCLA Grief Inventory (Layne, Steinberg, Savjak, & Pynoos, 1999; 23 items)
  - Student Self-Rating Scale (Hightower, 1999; 40 items)
  - Cognitive Distortions Scale (Briere, 1999; 40 items)
  - Adolescent Self-Efficacy Scale (Bandura, 1992)
  - Group Attitudes Scale (Burlingame, Davies, & Layne, 2000; 15 items)
  - Locus of Control Scale (Mirowsky, 1992; 8 items)
  - Provision of Social Relations Scale (Turner, Frankel, & Levin, 1983; 15 items)
  - Parent-Child Report Scale (Hightower, 1999; 43 items)
  - Self-Satisfaction Survey (10 items)
  - Group Climate Questionnaire (12 items)
  - Curative Climate Inventory (30 items)
- **If research studies have been conducted, what were the outcomes?** Both published open trials and a randomized controlled trial (manuscript in preparation) indicate significant reductions in PTSD, depression, and complicated grief reactions, and improvements in school behavior. The randomized controlled trial also found a significant reduction in pessimistic cognitions as measured by the Cognitive Distortions Scale.

### Implementation Requirements and Readiness

- **Space, materials or equipment requirements?** If they can be obtained, a poster board for presenting session overviews and skills, and a white board/chalkboard/drawing pad are preferable for facilitating discussions and...
**Trauma Grief Component Therapy for Adolescents (TGCT-A)**
National Child Traumatic Stress Network
www.NCTSN.org

### Training Materials & Requirements

- **List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.** Layne, C. M., Saltzman, W. R., & Pynoos, R. S. (2002). Component Therapy for Trauma and Grief: Adolescent Version. University of California, Los Angeles
- **How/where is training obtained?** Contact the authors
- **What is the cost of training?** To be negotiated with the authors/trainers
- **Are intervention materials (handouts) available in other languages?** Yes  No
  - If YES, what languages? Bosnian (to date)
- **Other training materials &/or requirement (not included above):** 2-day training with ongoing supervision and consultation, program includes a battery of screening measures, interview protocol, 250 page manual and workbook for participants. The participant workbook is extensive, containing many handouts and exercises that are very popular with clinicians.

### 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)?** Trauma Grief Component Therapy for Adolescents: (a) contains initial sessions that address potential stigma for treatment and other barriers to participation, (b) is available in either individual or group-based modalities, (c) contains a family/parent-focused intervention component, (d) contains an extensive grief module that provides extensive grief psychoeducation, focuses on reducing traumatic grief, and promotes adaptive grieving and mourning; (e) focuses specifically on identifying and remediating trauma- or loss-induced disturbances in developmental progression. TGCT-A is specifically tailored to adolescent issues surrounding trauma and loss. (f) TGCT-A comes with a variety of assessment instruments that are specifically tailored to support initial assessment, monitoring, and evaluation of clients' responses to treatment. (g) Guidelines are provided for adapting the program in a culturally and ecologically sensitive manner. TGCT-A is specifically designed to identify and effectively treat youths whose distress and dysfunction fall within the severely distressed, as well as moderately distressed, ranges. It is thus intended to address the needs of the most severely exposed, as well as moderately exposed, youths.
- **What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)?** Treatment length is variable, depending on the number of modules that are implemented. More distressed youths will likely require longer and more intensive intervention.
- **Other qualitative impressions:** See qualitative program evaluation, described above.
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<th>Contact Information</th>
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<tr>
<td><strong>Name:</strong> Christopher Layne, Ph.D., or Bill Saltzman, Ph.D.</td>
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</table>
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