Integrative Treatment for Complex Trauma: Treatment Overview and Implementation Considerations

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CHILDREN'S ADVOCACY SERVICES OF GREATER ST. LOUIS

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Learning Objectives

Participants will:

- Understand the unique treatment needs of children and teens impacted by complex trauma and how the ITCT model addresses these needs.

- Identify decision points to evaluate how ITCT could address currently unmet needs of their client population.

- Understand next steps to receive in-depth training in ITCT.

Who we Are

- **The Missouri Academy of Child Trauma Studies** is the nationally recognized training arm of Children's Advocacy Services of Greater St. Louis.
- MoACTS is part of the psychology department at the University of Missouri St. Louis
- MoACTS trains over **1000** people annually in trauma related topics.
- MoACTS is a Category II site of the National Child Traumatic Stress network, funded through SAMSHA.

What is Complex Trauma?

The term complex trauma describes both children's **exposure** to multiple traumatic events, often of an invasive, interpersonal nature, and the **wide-ranging, long-term impact** of this exposure.

These events are **severe and pervasive**, such as abuse or profound neglect. They usually begin **early in life** and can **disrupt** many aspects of the child's development and the very formation of a self. Since they often occur in the context of the child's **relationship with a caregiver**, they interfere with the child's ability to form a secure attachment bond. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

NCTSN 2017 Complex Trauma Workgroup

In their own words

MISSOURI KIDSFIRST
Ending Child Abuse Now

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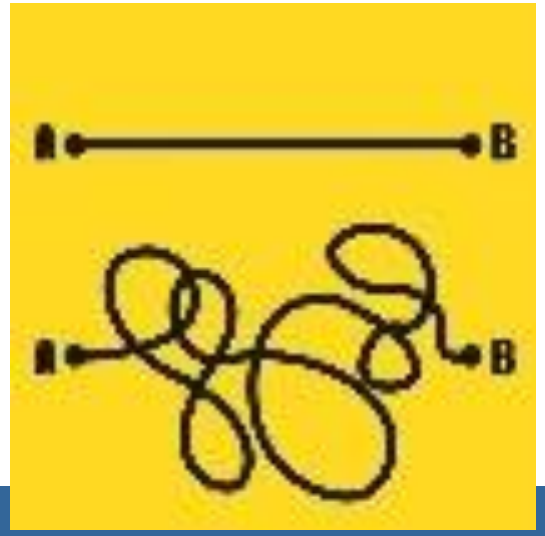
Acute vs. Complex Trauma

- Acute Trauma
  - Single incident
  - Later onset
  - Adequate early development
  - Normal stress response
  - Absence of co-morbidity
  - Less personal in nature
  - Limited stigma/shame



- Complex Trauma
  - Multiple/extended/severe
  - Early onset
  - Disrupts early development
  - Excessive stress response
  - Presence of co-morbidity
  - More personal in nature
    - "Attachment trauma"
  - High stigma/shame

Contextual aspects of complex trauma exposure

- Trauma intensifiers
  - Early onset
  - Extended and frequent exposure; ubiquity
  - Relational context
- Social marginalization
  - Poverty
  - Social discrimination
    - Race/ethnicity
    - Sexual orientation
  - Inadequate education
  - Reduced access to services

Briere & Lanktree, 2016

Complex Trauma Outcomes and Attachment Effects

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- Anxiety, depression, anger
- Posttraumatic stress
- Affect dysregulation
- Negative relational and self schema
- Identity/self-reference issues
- Medical issues, physical neglect of self

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Complex Trauma Outcomes and Attachment Effects (continued)

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- Avoidance responses
  - Dissociation
  - Tension reduction behaviors
    - Self-injurious behavior
    - Dysfunctional sexual behavior,
    - Bulimia
    - Aggression
  - Substance abuse
  - Suicidality

Briere & Lanktree, 2016

What is Complex Trauma? A Resource Guide for Youth
The National Child Traumatic Stress Network
www.NCTSN.org

Normal Life, Bad Things

PTSD

What is Complex Trauma? A Resource Guide for Youth
The National Child Traumatic Stress Network
www.NCTSN.org

Poverty and social marginalization

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- 21% of children in Missouri live below federal poverty line (National 19%)
- Child poverty rates highest among Black, Latinx, and American Indian children
- Trauma rates for marginalized children
  - Up to 50% of those in child welfare
  - 60-90% of those in juvenile justice
  - 83-91% of those in high crime neighborhoods
  - 59-91% of those in the community mental health system

National Center for Children in Poverty, Columbia University (http://www.nccp.org)

Briere & Lanktree, 2016

Low Access to Treatment

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- Although trauma, especially in the context of social deprivation, is a major source of psychological disturbance
  - **75% to 80%** of children and youth in need of mental health services do not receive them
  - As compared to white children, racial minority children are less than half as likely to receive mental health services
  - **85%** of children and youth in need of mental health services in the child welfare system do not receive them

Briere & Lanktree, 2016

Treatment Solutions for Complex Trauma

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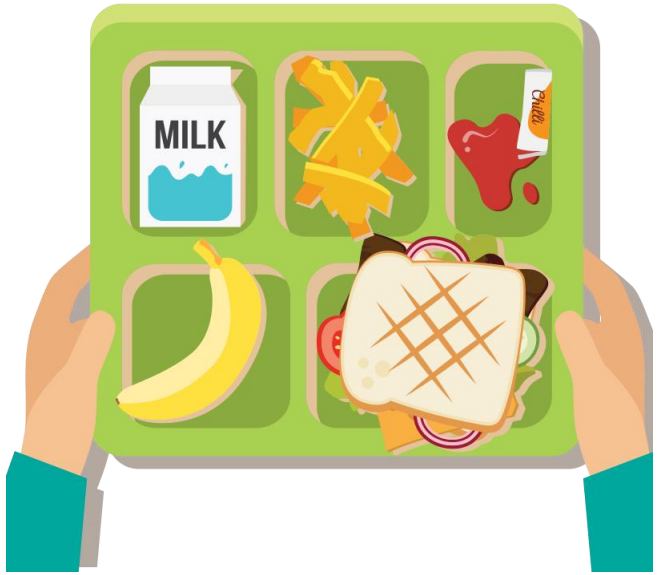
- Innovative treatment model for complex trauma
- Reduced exclusion criteria for treatment
- Components-based rather than treatment package and opportunities for longer-term Rx
  - "Cafeteria" approach: Matching treatments to problems/symptoms
- Specific adaptations for culture, sexual orientation, poverty, social marginalization
- Processing of social maltreatment as component of individual and family treatment



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Integrative Treatment of Complex Trauma (ITCT)

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- Initial development: MCAVIC (2001-2005) and MCAVIC-USC (2005-2009)
  - Multiply traumatized, socially marginalized youth and children
  - Multi-ethnic, multi-racial, multi-disciplinary staff
  - Structured, component-based but individualized for each client (assessment-based)
  - Relational but also cognitive-behavioral
  - Intensive treatment and advocacy

Briere & Lanktree, 2016

ITCT Background

- Developed by Drs. John Briere and Cheryl Lanktree and the University of Southern California Adolescent Trauma Training Center
- Adolescent version (ITCT-A): 13+
- Child Version (ITCT-C): 5-12
- No preset number of sessions
- Most clients require 6 to 8 months of treatment; but there is no
- If client is acutely safe, you can include:
  - Substance using youth
  - Self-harming youth
  - Parts of the model with youth who experience psychosis

Briere & Lanktree, 2016

ITCT Treatment Outcome Study (Lanktree et. al., 2012)

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- 151 clients (children and adolescents)
  - Similar findings for adolescents-only subsample
- Mean age 11.43 years (range: 8-17 yrs.).
- 48% Hispanic, 25% Black, 14% non-Hispanic White, 13% Asian
- 52% CSA, 27% PA, 17% CV, 31% TL, 31% DV.
- 62%: 2 or more types of trauma, 14%: 4 or more traumas
- 67% in treatment for 3 to 8 months (Mean=6.79)

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Pre-Post Data
(Average of >40% improvement across symptoms)

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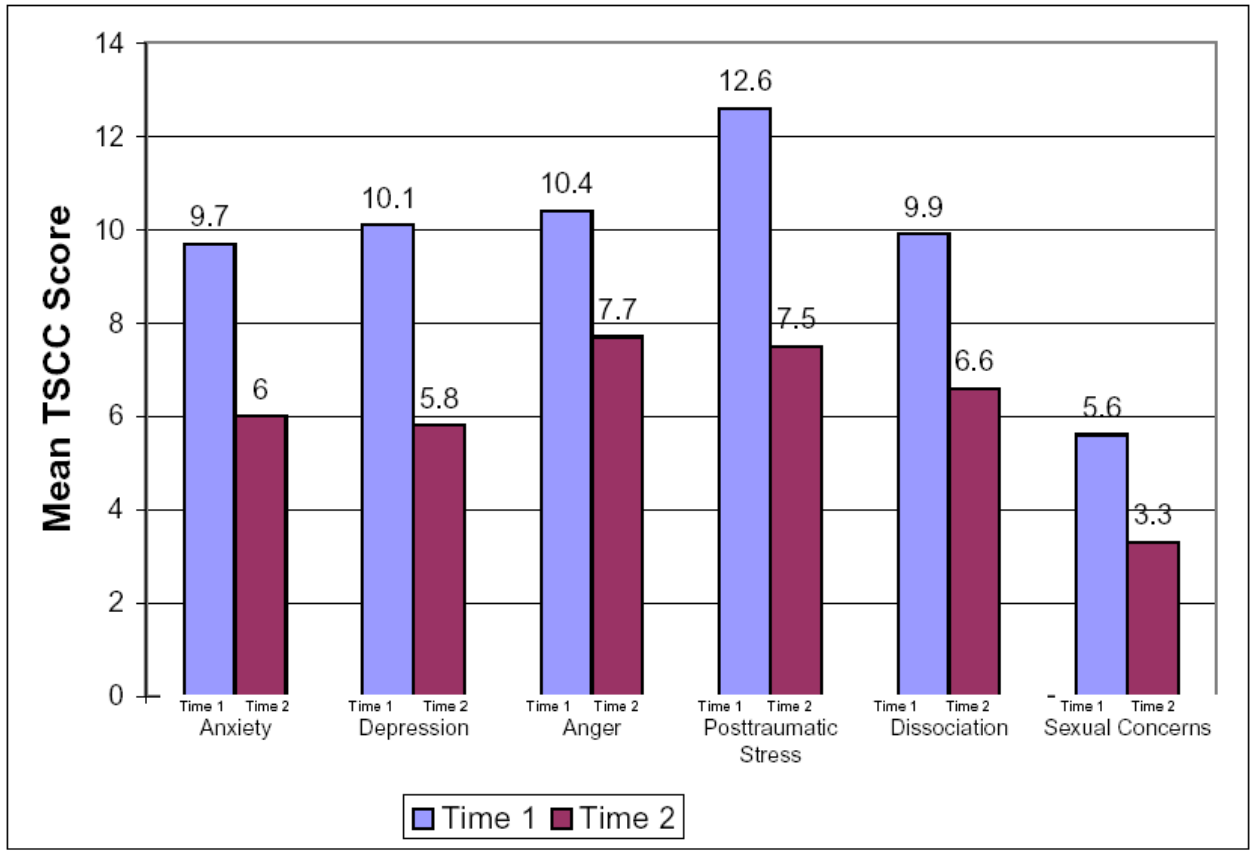

Briere & Lanktree, 2016

Collaborations and Adaptations (continued)

- Range of settings and duration of treatment
  - Residential treatment facilities, outpatient clinics, schools—short-term and longer-term treatment
- Adaptations include Spanish translations of ITCT-A tools
- Community collaborations including trauma-informed services

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ITCT-A: Core aspects

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- Assessment-based
- Focus beyond posttraumatic stress
  - Relational issues
  - Affect dysregulation
  - Problematic avoidance and “acting out” behaviors
- Centrality of therapeutic relationship
- Safety within therapy and environment
- Customization: Age, gender, culture, affect regulation capacity ---not “one-size-fits-all”
- Cultural diversity of clients and economic disadvantage incorporated into interventions

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ITCT-A: Core aspects (continued)

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- Focus on the client's experience
  - Taking him/her where he/she is
  - Avoidance of judgmental/authoritarian therapist behaviors
- Titrated exposure and cognitive interventions
- Affect regulation training and behavior control
  - including Trigger Identification and Intervention, mindfulness, "urge surfing"
- Parent/family interventions
- Advocacy and system intervention
    - Beyond the traditional therapist role

Briere & Lanktree, 2016

Overview of ITCT-A Treatment Components
(Briere & Lanktree, 2013)

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- Relationship Building and Support
- Safety Interventions
- Psychoeducation
- Distress Reduction and Affect Regulation Training
- Mindfulness Training
- Cognitive Processing
- Titrated Exposure
- Trigger Identification and Intervention
- Interventions for Identity Issues
- Relational/Attachment Processing
- Intervening in Maladaptive Substance Use
- Interventions with Caretakers and Family Members

ITCT Implementation Considerations

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a catalyst for change

"Missouri Foundation for Health is a resource for the region, working with communities and nonprofits to generate and accelerate positive changes in health. As a catalyst for change, the Foundation improves the health of Missourians through a combination of partnership, experience, knowledge and funding."

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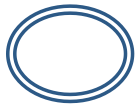
Who is ITCT for?

- ITCT has a child and an adolescent version for children between **ages 5 to 18** with emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events.
- Addresses **complex trauma** in a child or teen's life.
- ITCT can be used with children and adolescents residing in **many types of settings**, including parental homes, foster care, kinship care, group homes, or residential programs.
- Adaptations for adolescents with **substance abuse problems** and **suicidal ideations**.

Which Treatment Model to Use?



Initial Screening Question

Does the youth have a known trauma history?

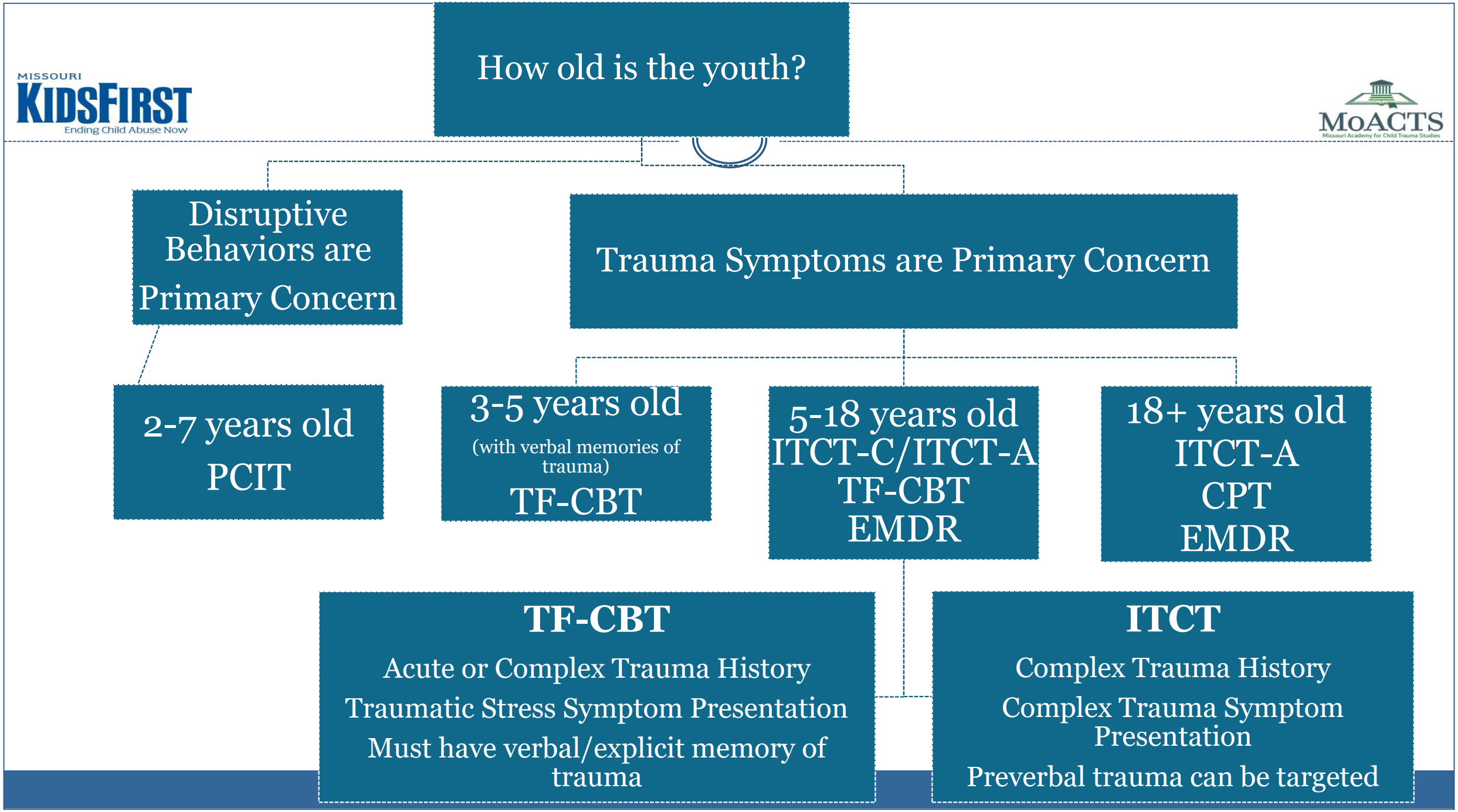
Yes

No

Trauma-Focused Models:
ITCT
TF-CBT
EMDR

Trauma-Informed Model:
PCIT

Evidence-based model for presenting concern


How old is the youth?
Disruptive Behaviors are Primary Concern
Trauma Symptoms are Primary Concern
2-7 years old
PCIT
3-5 years old
(with verbal memories of trauma)
TF-CBT
5-18 years old
ITCT-C/ITCT-A
TF-CBT
EMDR
18+ years old
ITCT-A
CPT
EMDR
TF-CBT
Acute or Complex Trauma History
Traumatic Stress Symptom Presentation
Must have verbal/explicit memory of trauma
ITCT
Complex Trauma History
Complex Trauma Symptom Presentation
Preverbal trauma can be targeted

Decision points for identifying treatment model

When there is overlap between evidence-based models, decisions may be influenced by:

- Clinician's theoretical orientation
- Clinician's training/experience
- Clinician's comfort with structured versus flexible therapy models
- Clinician's beliefs related to the length of trauma treatment
- Clinician's work environment including opportunities for support/consultation
- Client/family's identified treatment goals and symptom presentation

Some considerations when deciding between TF-CBT and ITCT

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TF-CBT

Client's symptoms/presentation include:

- PTSD symptoms
- **C**ognitive problems, **R**elationship problems, **A**ffective problems, **F**amily problems, **T**raumatic behavior problems, **S**omatic problems
- Trauma is mostly over (secondary adversities may be ongoing)

ITCT

Client's symptoms/presentation include:

- Complex trauma symptoms
- Client may not see the connection between trauma history and current functioning and/or deny experiencing trauma
- Distress may be more related to secondary adversities and/or experiences of social marginalization
- Attachment Difficulties
- Significant personal and/or environmental safety/stabilization concerns
- Client may be at constant risk for trauma exposure/revictimization

Some considerations when deciding between TF-CBT and ITCT

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TF-CBT

- (Mostly) Linear progression through modules
- Client can tolerate directiveness or would benefit from structured sessions
- Younger Child (young as 3 years old)
- Preschool Manual
- Ideally has an involved caregiver though not a requirement
- Trauma titration occurs throughout treatment
- Clinician drives pace of treatment
- Recommended number of sessions

ITCT

- Flexible: Assessment driven, components based
- Client will not tolerate directiveness or authority
- ITCT-C (5-12 years old), ITCT-A (13-22 years old)
- Often has a lack of caregiver involvement, frequent changes in caregivers, and/or requires additional time for caretaker support
- Trauma titration occurs within each session
- Client drives pace of treatment
- No prescribed number of sessions
- Clients require high level of system advocacy

Benefits of ITCT for Particular Clients

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- Explicit focus on addressing complex trauma presentation beyond classic PTSD
  - Attachment and relational dynamics
  - Identity Issues
  - Systems intervention
- Flexibility allows clinician to utilize model with psychologically or physically unstable youth
  - Specific adaptation for substance abuse
  - Clients with self-injurious behavior, suicidal ideation/behaviors
  - Living with on-going trauma, risk for revictimization
- No prescribed number of sessions – assessment driven, components based
- Ability to address pre-verbal trauma
- Multiple forms of exposure and processing meet multifaceted needs
  - Titrated exposure, cognitive processing, relational processing
  - Process experience with social marginalization

Benefits of ITCT for Organizations

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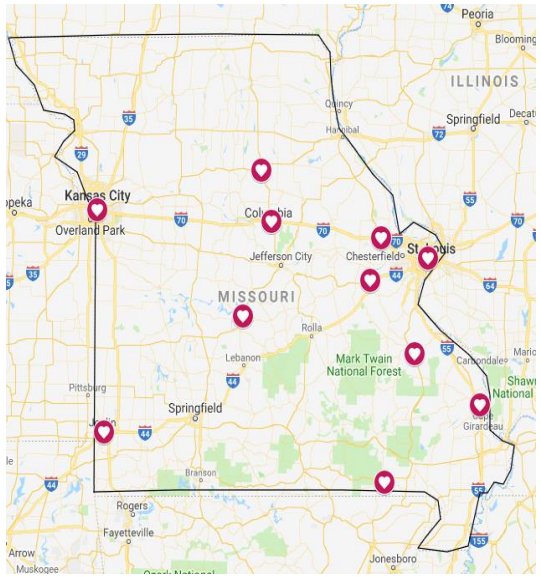
- Staff develop strong conceptualization and working model of:
  - Complex trauma
  - Attachment
  - Intersection of social marginalization and trauma history
- Provides alternative evidence-based intervention that may better fit client presentation and/or clinician's theoretical orientation

Missouri KidsFirst 2018 ITCT Learning Collaborative



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Learning Collaborative Goals

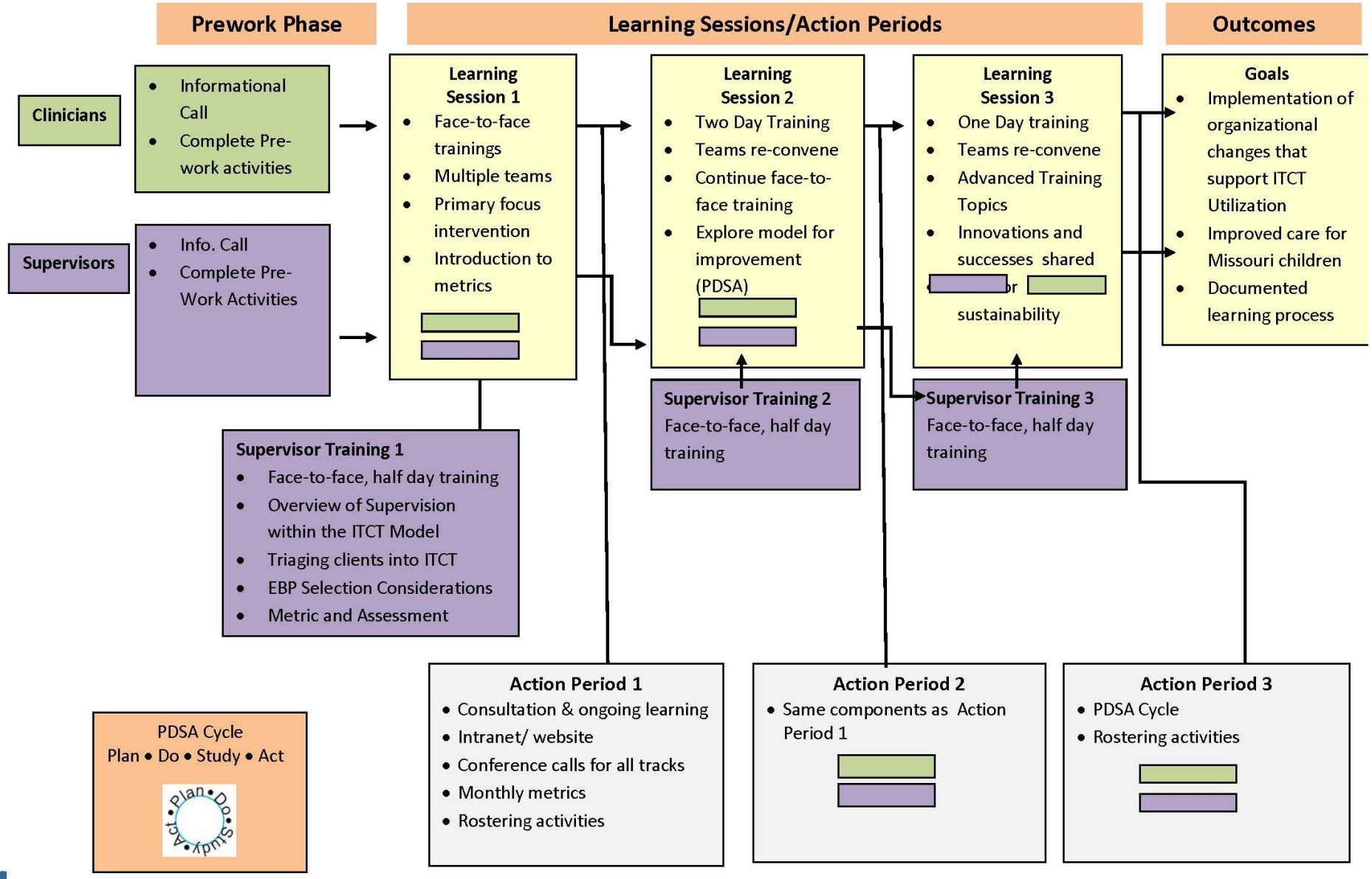
Improve outcomes for children

- Reducing post traumatic stress symptoms for children
- Increasing the number of children who are triaged from forensic interviews into Integrative Treatment of Complex Trauma.
- Ensuring that children will receive timely quality, and effective, trauma focused services

Increase the number of clinicians who:

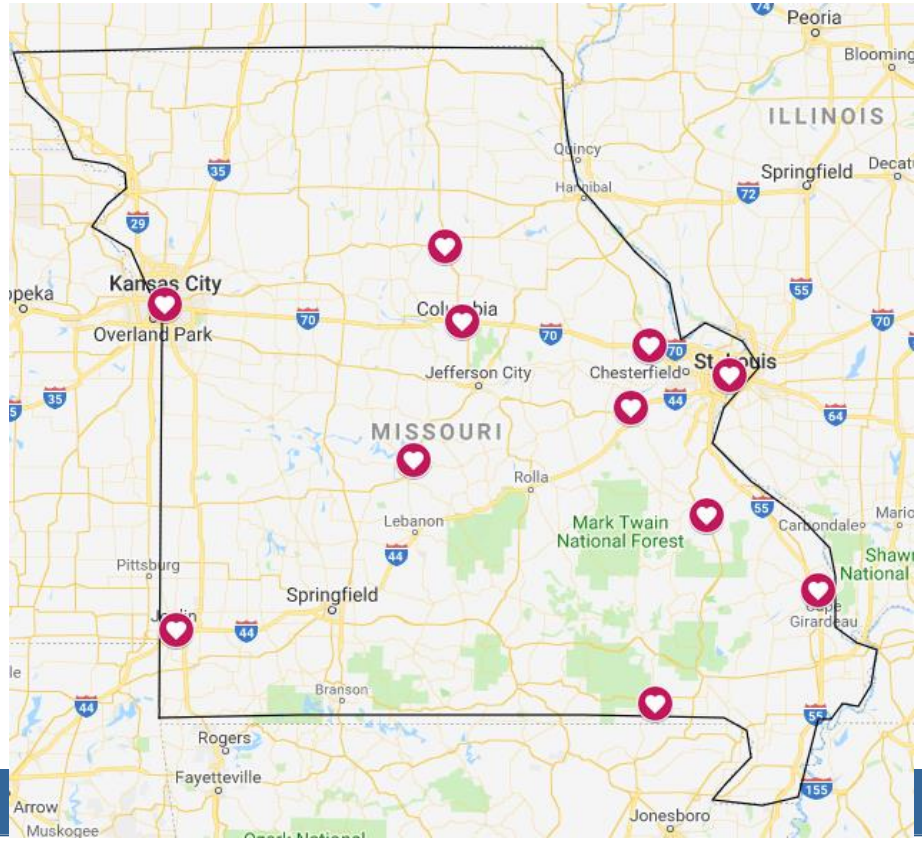
- Effectively screen and assess for trauma
- Implement ITCT with fidelity
- Sustain implementation of ITCT through intra-agency supervision

Missouri KidsFirst ITCT 2018 Learning Collaborative Overview



Project Overview

- 39 Clinicians from across Missouri
- Began training in ITCT in April 2018



Participating Organizations

~ The Children's Advocacy Center of East Central Missouri
~ Child Advocacy Center South Central
~ Child Protection Center
~ Children's Advocacy Services of Greater St. Louis
~ Kids' Harbor
~ Rainbow House
~ Ozark Foothills Child Advocacy Center
~ Southeast Missouri Network Against Sexual Violence
~ The Child Center
~ Children's Center of Southwest Missouri

Children Served

89+ Children between the ages of 5 and 15

71% Female
28% Male

22% African American
3% Bi/Multi Racial
70% Caucasian
2% Hispanic/Latino
1% Other

Client Age	Percent
5	5.62%
6	6.74%
7	7.87%
8	8.99%
9	10.11%
10	11.24%
11	12.36%
12	13.48%
13	14.61%
14	15.73%
15	16.85%
16	17.98%
17	19.10%
18	20.22%
19	21.35%

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Children Served

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On average clients reported at least 5.38 DIFFERENT types of trauma

(not accounting for repeated experiences of the same trauma type)

Lessons Learned from Implementation

- Importance of a cohort/ongoing consultation
- Using the ATF to ground clinical practice and as an organizing framework
- Capacity to distinguish ITCT framework from general practice/eclectic approach.

Lessons Learned from Implementation

- Confidence in documentation → reducing anxiety
- Overt acknowledgement of the impact of ITCT cases on the clinician
- Therapist experience level prior to learning the model
- Match between caseload and ITCT model → the degree to which caseload might change

What do other clinicians have to say?

Want to learn more?

CONTACT MOACTS.ORG OR MOACTS@UMSL.EDU FOR TRAINING OPPORTUNITIES

PLEASE JOIN US IN ST. LOUIS ON JUNE 12TH AND 13TH FOR A TWO-DAY ITCT TRAINING!

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