

Children of Today: Short Term Intervention – Long Term Gains
The National Institute for Trauma and Loss in Children
Evidence-Based Research Project 2006-2007

William Steele, MSW, PsyD and Caelan Kuban LMSW
www.tlcinstitute.org

Children of Today: Short Term Intervention – Long Term Gains, a randomized, controlled research study was conducted with students in grades 2 - 5 during the 2006 – 2007 school-year at Taylor Schools, a core at-risk city school district near Detroit, Michigan. The National Institute for Trauma and Loss in Children (TLC Institute) and Wayne State University carried out this evidence-based research study, the first of its kind. Pre, Post and Follow-up data has been collected. Parents/guardians whose child had experienced or witnessed one or more traumatic events had the opportunity to have their child screened using the Briere *Trauma Symptom Checklist for Children (TSCC-A)*. 200 children were screened and children with sub clinical trauma scores were excluded from the study. 89 children completed the *I Feel Better Now! Program*, a 10-week, group trauma intervention program that was conducted after school. Parents/guardians participated in two sessions. Therapists who provided the program were trained and certified by TLC Institute.

Children were randomly assigned to either Group A (treatment group) or Group B (waitlist/comparison group). Group A was provided with 10 weeks of trauma intervention in a group setting. At intake and discharge, parents completed the Achenbach *Child Behavior Checklist (CBCL)* and children completed the Briere *TSCC-A*, and TLC Institute's *Child PTSD Questionnaire (CAQ)*. Three months after completion, the parents and children completed these instruments again to determine whether or not gains evidenced at the end of treatment were maintained.

Group B was provided with regular telephone contact with the clinician and began the trauma intervention program in a group setting after 10 weeks. Youth assigned to the comparison/control waitlist group were contacted bi-weekly by the group therapist in order to monitor any changes, escalations, and/or life events which required immediate intervention. After the 10-week waiting period, all children and parents in Group B were provided with the 10-week *I Feel Better Now! Program* and followed the same process as Group A.

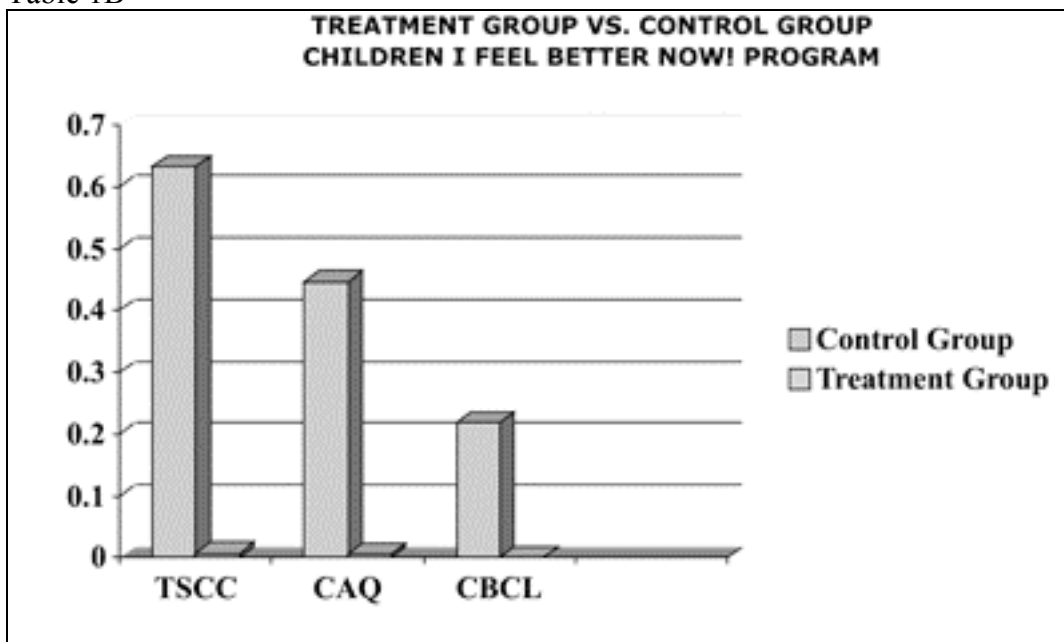
Therapists completed a Fidelity of Treatment Checklist, which assured that treatment was consistent with the trauma treatment model across all groups with 100% compliance. A Life Events Checklist was also gathered for each child to track recent traumatic events.

Some gains that were seen in Group B (waitlist/comparison group) can be attributed to the fact that Wayne State University's Human Investigations Committee dictated that all subjects, due to their age, have brief contact on a bi-weekly basis during their waitlist period to ensure that intervention was provided if a child was in a crisis situation. It can be hypothesized that this attention had a positive impact on children who demonstrated

gains in some categories. However, the waitlist group did not see statistically significant improvement until they completed this treatment program. This demonstrates that it was the treatment program that produced these remarkable, statistically significant gains. The *CAQ*, which only measures trauma symptoms showed no reduction in trauma symptoms during the waitlist period while the other tools showed some improvement in non-trauma related scales.

Overall, the children who participated in the *I Feel Better Now! Program* demonstrated outstanding statistically significant improvements including reductions in trauma symptoms and psychological, emotional and behavioral problems supported by ANOVA analysis of pre, post and, 3-month follow-up date of all three subscales administered. TLC’s *CAQ* definitively demonstrated outstanding statistically significant (.01) reductions in all three domains of post-traumatic stress symptoms – arousal, avoidance and reexperiencing. The *TSCC-A* definitively demonstrated outstanding statistically significant (.01) reductions for anxiety, depression, anger and dissociation scales. All symptoms as measured by the checklist showed outstanding statistically significant (.01) reductions of trauma symptoms. The *CBCL* definitively demonstrated outstanding improvements/reductions of symptoms and behaviors for the withdrawn/depressed, somatic complaints, social problems, thought problems, rule-breaking behavior, aggressive behavior, activities, social interactions and total competence scales. ($p < .01$). (See Table 1B)

Table 1B



Because the gains from pre-intervention to post-intervention were so remarkably significant, there was little additional improvement in gains from post-intervention to 3-month follow-up. However, for the period between post-test and follow-up gains made in treatment were largely maintained. The 3-month follow-up data indicates maintained gains across all areas measured by the *CAQ*, *TSCC*, and *CBCL*. Further improvement

occurred during the follow-up period in the aggressive behavior, internalizing behavior, and externalizing behavior scales, all of which showed additional statistically significant reductions. Small declines in gains with a few children at the 3-month follow-up, none of which however were statistically significant may be attributed to the fact that much of the follow-up data was collected during the summer break when children were away from their school environment with less exposure to structured activity. In addition some children experienced additional traumatizing life events during this time.

The results of this randomized, controlled trial of this treatment model titled, *I Feel Better Now! Program* support its effectiveness and demonstrate that sensory intervention can in fact produce remarkable outcomes with multiply traumatized children. Given this research along with similar remarkably statistically significant gains demonstrated by TLC's evidence-based research with at-risk, adjudicated youth, TLC has now demonstrated that our sensory-based interventions are indeed appropriate and effective with children and adolescents 6-18 years of age. (TLC's Structured Sensory Therapy (SITCAP-ART) for Traumatized Adjudicated Adolescents in Residential Treatment evidence-based research article can be found at www.tlcinst.org)

**Restoring Hope and Resiliency in Adjudicated Youth Exposed to
Cumulative Trauma in Childhood: A National Collaborative Project
The National Institute for Trauma and Loss in Children
Evidence-Based Research Project**

www.tlcinstitute.org

This randomized controlled study, *Restoring Hope and Resiliency in Adjudicated Youth Exposed to Cumulative Trauma in Childhood: A National Collaborative Project* assessed the efficacy of a structured group therapy for traumatized, adjudicated adolescents in both residential and outpatient settings. The National Institute for Trauma and Loss in Children group program, *Structured Sensory Intervention at-risk and adjudicated Youth (SITCAP-ART)* was used. The *SITCAP-ART* model is a comprehensive integrated sensory-cognitive treatment approach. The program consists of 10 to 11 sessions, depending upon the progress made with each session. Seven of the sessions are group sessions and it is recommended that each group is comprised of no more than six participants. In addition, there is one individual debriefing session, one individual processing session, and one parent/adolescent session.

Research Site and Instruments

The research was conducted at the Multi-County Attention Center, a residential detention center in Ohio and at Community Collaborations for Building Resiliency in Children, an outpatient setting obtaining court referrals in Georgia. To assure that each therapy session was conducted in compliance with the *SITCAP-ART* program, Fidelity of Treatment Checklist (FTC) was completed at each session was 99% intervention fidelity

at both sites. The clinical staff identified youth with documented multiple trauma exposure who were recruited to participate in the research study.

Three standardized instruments were used: *Trauma Symptom Checklist for Children (TSCC-A)*, the *Youth Self Report (YSR)*, and the *TLC PTSD Child and Adolescent Questionnaire (CAQ)*. In addition, the youth therapist, utilizing the Youth's clinical case record completed clinical data form that gathered information on demographics, trauma exposure, severity of symptoms, service utilization, and information about domestic environment.

Research participants were randomly assigned to two groups. The first group began immediate group treatment utilizing the *SITCAP-ART* program. The second group was the comparison/control group that remained on the waitlist for treatment and received the *SITCAP-ART* program identical to the treatment group when the treatment group had completed treatment (approximately ten weeks). Youth assigned to the comparison/control waitlist group were contacted bi-weekly by the group therapist in order to monitor any changes, escalations, and/or life event which required immediate intervention. Upon completion of the *SITCAP-ART* program, the treatment group completed the *CAQ*, *TSCC-A* and the *YSR*. The waitlist group completed these instruments as well at that time. After the waitlist group completed the *SITCAP-ART* program, they completed the *CAQ*, *TSCC-A* and *YSR*.

Results

The *TSCC-A* demonstrated statistically significant (.01) reductions in anxiety, anger, post-traumatic stress, and dissociation. The *CAQ* demonstrated statistically significant (.01) reductions in the re-experiencing, avoidance and arousal scales. The Youth Self Report (YSR) demonstrated statistically significant (.01) reductions in total problems: depression, anxiety as well as withdrawn, thought problems, attention problems, rule breaking behavior, aggressive behavior, internalizing behavior, externalizing behavior (See Table 1A). Very significant reductions were demonstrated for rule breaking behavior, aggressive behavior and externalizing behavior. Aggressive behavior and rule breaking behaviors are highly associated with at-risk adjudicated youth and are behavioral manifestations of the arousal response to trauma victimization (Ford et al, 2006). The reduction of arousal symptoms reported by the *TSCC-A* and *CAQ* are also supported by the *YSR*'s reported reduction of these behavioral manifestations of arousal.

At 3 months post intervention, adolescents continue to see statistically significant reductions in trauma symptomatology (See Table 2A) across all subscales as well as 85% have had no additional contact with the court system. This research demonstrated that this integrated sensory-cognitive trauma treatment model designed specifically for this population reduced behaviors connected with recidivism.

Table 1A

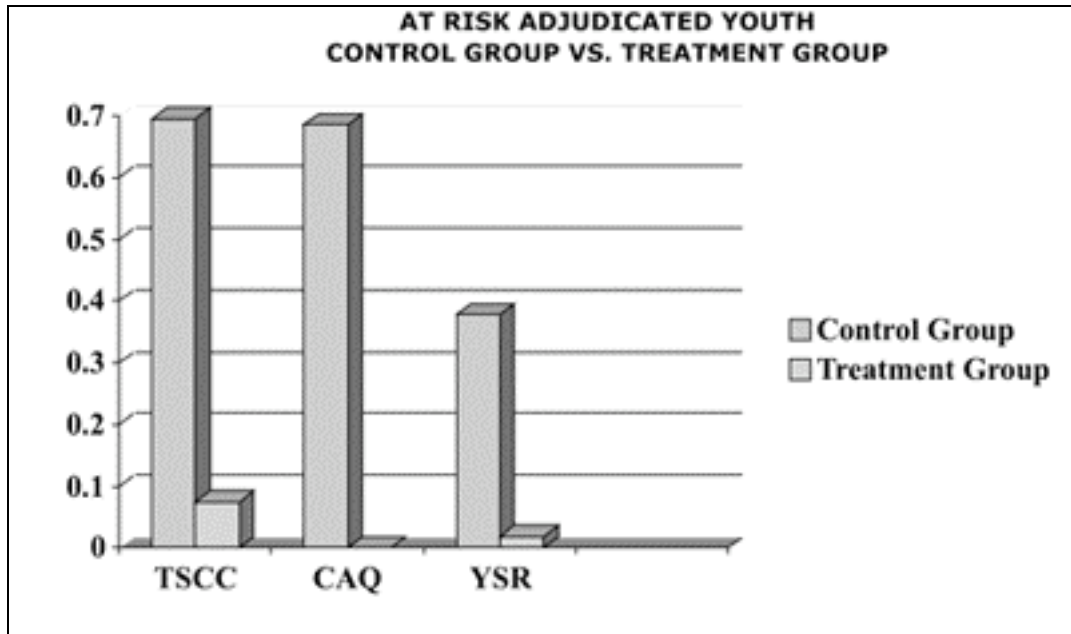


Table 2A

