

TRAUMA TREATMENT INTERVENTIONS

(from National Child Traumatic Stress Network)

[Alternatives for Families - A Cognitive Behavioral Therapy](#)

Modality: Individual, Family

AF-CBT is a trauma-informed, evidence-based treatment designed to improve the relationships between children and caregivers in families involved in arguments, frequent conflict, physical force/discipline, child physical abuse, or child behavior problems. It is appropriate for use with physically coercive/abuse parents and their school-aged children. It is used primarily in outpatient and in-home settings. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/afcbt_fact_sheet.pdf

[Assessment-Based Treatment for Traumatized Children: Trauma Assessment Pathway](#)

Modality: Individual, Family, Systems

TAP is a treatment model that incorporates assessment triage and essential components of trauma treatment into clinical pathways. TAP incorporates a multifaceted assessment process to enable clinicians to gain an in-depth understanding of the child, their developmental level, their traumatic experience, and the family, community and cultural system in which the child lives. It is a manualized treatment addressing all forms of childhood trauma. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/tap_fact_sheet.pdf

[Attachment and Biobehavioral Catch-up](#)

Modality: Individual, Family

ABC is a parent/child treatment approach designed to help caregivers provide nurturing care and engage in synchronous interactions with their infants. ABC helps caregivers re-interpret children's behavioral signals so that they can provide nurturance through parent coaching sessions. It was developed primarily for use with low-income African-American, Hispanic, and non-Hispanic White families who have experienced neglect, physical abuse, domestic violence, and placement instability. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/abc_fact_sheet.pdf

[Attachment, Self-Regulation, and Competence: A Comprehensive Framework](#)

Modality: Individual, Systems

RC is a framework for intervention with youth and families who have experienced multiple and/or prolonged traumatic stress. ARC identifies three core domains that are frequently impacted among traumatized youth, and which are relevant to future resiliency. Designed to be applied flexibly across child- and family-serving systems, ARC provides a theoretical framework, core principles of intervention, and a guiding structure for providers. ARC is designed for youth from early childhood to adolescence and their caregivers or caregiving systems. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/arc_fact_sheet.pdf

[Bounce Back: An Elementary School Intervention for Childhood Trauma](#)

Modality: Individual, Family, Group

BB is a cognitive-behavioral, skills-based, group intervention to teach elementary school children exposed to stressful and traumatic events skills to cope with and help recover from their traumatic experiences. It is used most commonly for children who experienced or witnessed community, family, or school violence, or who have been involved in natural disasters, or traumatic separation from a loved one due to death, incarceration, deportation, or child welfare placement. It includes 10 group sessions where children learn and practice feelings identification, relaxation, courage thoughts, problem solving, and conflict resolution, and build positive activities and social support. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/bounceback_fact_sheet.pdf

[Child Adult Relationship Enhancement](#)

Modality: Family, Systems

CARE is a trauma-informed modification of specific PCIT skills for general usage by non-clinical adults who interact with traumatized children and their caregivers within various milieu settings. CARE has been adapted for use in homeless serving systems. It addresses transportation and economic barriers through delivery of intervention within homeless shelters, DV shelters, and transitional housing settings. It is a skill-based intervention designed to enhance the adult-child relationship through live coaching. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/care_fact_sheet.pdf

[Child Development-Community Policing Program](#)

Modality: Individual, Family, Systems

CDCP is a model of secondary prevention that provides crisis intervention and follow-up community- and clinic-based clinical and collaborative interventions for exposed children. It is a collaborative model between law enforcement and child mental health professionals to help parents support their children in the aftermath of crime and violence. It is comprised of two interventions. One is the Domestic Violence Home Visit Initiative and the other is the Child and Family Traumatic Stress Initiative. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/cdcp_fact_sheet.pdf

[Child-Parent Psychotherapy](#)

Modality: Individual, Family, Systems

CPP is an intervention model for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder. The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/cpp_fact_sheet.pdf

[Cognitive Behavioral Intervention for Trauma in Schools](#)

Modality: Individual, Family, Systems

CBITS is a skills-based, child group intervention that is aimed at relieving symptoms of Posttraumatic Stress Disorder, depression, and general anxiety among children exposed to multiple forms of trauma. CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. It uses cognitive-behavioral techniques. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/cbits_fact_sheet.pdf

[Combined Parent Child Cognitive-Behavioral Approach for Children and Families At-Risk for Child Physical Abuse](#)

Modality: Individual, Family, Group

CPC-CBT is a short-term, strengths-based therapy program for children ages 3-17 and their parents (or caregivers) in families where parents engage in a continuum of coercive parenting strategies. These families can include those who have been substantiated for physical abuse, those who have had multiple unsubstantiated referrals, and those who fear they may lose control with their child. Children may present with PTSD symptoms, depression, externalizing behaviors and a host of difficulties that are targeted within CPC-CBT. Goals of CPC-CBT are to help the child heal from the trauma of the physical abuse, empower and motivate parents to modulate their emotions and use effective noncoercive parenting strategies, and strengthen parent-child relationships while helping families stop the cycle of violence. There are four phases of the intervention. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/cpccbt_fact_sheet.pdf

Culturally Modified Trauma-Focused Treatment

Modality: Individual, Family

CM-TFT is a culturally adapted intervention based on Trauma-Focused Cognitive Behavioral Therapy. It maintains the key components of standard TF-CBT with the addition of modules integrating cultural concepts throughout treatment. It was developed for use with Latino children. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/cmtft_fact_sheet.pdf

Early Pathways

Modality: Family

EP is a home-based, mental health services program, which is designed to treat and prevent disruptive behaviors in young children. The program comprises the following four components: strengthening the parent-child relationship through child-led play, maintaining developmentally appropriate expectations of children and cognitive methods for calmly and thoughtfully responding to disruptive behaviors, using positive reinforcement to strengthen prosocial behavior, and using time-limited strategies for reducing disruptive behaviors. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/ep_fact_sheet.pdf

Integrative Treatment of Complex Trauma for Adolescents

Modality: Individual, Family, Systems

ITCT-A is a component-based, assessment-driven, multi-modal treatment for traumatized adolescents (aged 12 to 21 years) and their families. The ITCT model is based on developmentally appropriate, culturally adapted approaches that can be applied in multiple settings (outpatient clinic, school, hospital, inpatient, residential) and involves collaboration with multiple community agencies. ITCT-A addresses challenges specifically associated with complex trauma and includes separate treatment manuals addressing substance use as well as “acting out” or self-injurious behaviors. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/itcta_fact_sheet.pdf

Integrative Treatment of Complex Trauma for Children

Modality: Individual, Family, Systems

ITCT-C is an assessment-driven, multimodal, evidence-based treatment for children ages 5-12, with interview and/or standardized trauma-specific measures administered at 2-3 month intervals to identify particular symptoms and issues requiring focused clinical attention. ITCT-C is based on developmentally appropriate, culturally adapted approaches that can be applied in multiple settings (outpatient clinic, school, hospital, inpatient, forensic, and residential), and involves collaboration with multiple community agencies. ITCT-C has been particularly adapted for economically disadvantaged and culturally diverse children and families.

https://www.nctsn.org/sites/default/files/interventions/itctc_fact_sheet.pdf

International Family Adult and Child Enhancement Services

Modality: Individual

IFACES is a program that provides comprehensive community-based mental health services to refugee children, adolescents, and families. Outreach is seen as the cornerstone of the program and occurs throughout the treatment process. It includes identifying refugee children who can benefit from services, engaging them and their families in services, retaining them in services, and supporting them as necessary after the active treatment phase has ended. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/ifaces_fact_sheet.pdf

Let's Connect

Modality: Individual, Family

LC is a parenting intervention that helps caregivers identify and respond to children's emotional needs and behaviors in a way that builds connection and warmth and promotes children's emotional competence and sense of emotional security. LC skills are taught through a combination of didactics, role-plays, and live in-session coaching—in which the therapist serves as a coach as the caregiver talks with their child about emotionally

arousing life events—and structured home practice. LC is currently developed for English- and Spanish-speaking families and clinicians. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/lc_fact_sheet.pdf

Parent-Child Care

Modality: Family, Group

PC-CARE is a dyadic intervention, designed to expose the caregiver to strategies for enhancing the caregiver-child relationship and improving behavior management effectiveness. Caregivers can be biological parents, relative caregivers, resource parents, or anyone who is involved in caring for the child (e.g., grandparents, nannies). Multiple caregivers and/or multiple children can participate in the intervention using an adapted protocol. Siblings or foster siblings who are not clients participating in the intervention can still be present during sessions. Therapists coach caregivers while they play with the child, pointing out the strategies that the caregivers use that seem most effective for them and their child. The child is involved in the treatment process (teaching and coaching) as much as possible and appropriate. PC-CARE is a psychotherapeutic intervention that combines teaching and coaching about the way trauma exposure affects children's mental health with cognitive-behavioral and behavioral strategies for reducing children's trauma-related symptoms. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/pc_care_fact_sheet.pdf

Parent-Child Interaction Therapy

Modality: Family

PCIT is an evidenced-based treatment model with highly specified, step-by-step, live coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver child patterns. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/pcit_general_031419.pdf

Problematic Sexual Behavior-Cognitive-Behavioral Therapy for School-Age Children

Modality: Family, Group

PSB-CBT-S is a family-oriented, cognitive-behavioral, psychoeducational, and supportive treatment group designed to reduce or eliminate incidents of problematic sexual behavior. This program involves the family or other support systems in the child's treatment and requires weekly caregiver attendance and active participation, monitoring and supporting the child's application of skills between sessions, and ongoing assessment of child progress in treatment. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/psbcbt_fact_sheet.pdf

Psychological First Aid

Modality: Individual

PFA is an evidenced-informed intervention designed to be put into place immediately following disasters, terrorism, and other emergencies, and has received wide usage worldwide. PFA is comprised of eight core helping actions: contact and engagement, safety and comfort, stabilization, information gathering, practical assistance, connection with social supports, information on coping support, and linkage with collaborative services. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/pfa_fact_sheet.pdf

Real Life Heroes

Modality: Individual, Family

RLH is an intervention that provides practitioners with easy-to-use tools including a life storybook, manual, creative arts activities, and psycho-education resources to engage children and caregivers in trauma-focused services. Tools and procedures were developed and tested with latency-age children in a wide range of child and family service programs including children with symptoms of complex trauma. The life storybook (built around the

metaphor of heroes) provides a structured, phased-based approach to engage children and caring adults to rebuild safety, hope, attachments, skills, and resources necessary for trauma therapy. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/rfh_fact_sheet.pdf

Risk Reduction through Family Therapy

Modality: Individual, Family

RRFT is an integrative approach to addressing the heterogeneous symptoms experienced by trauma-exposed adolescents. It targets a broad range of trauma-related psychopathology (e.g., PTSD, depression) and risk behaviors (substance use/abuse, risky sexual behavior, non-suicidal self injury). RRFT is individualized to the needs, strengths, developmental factors, and cultural background of each adolescent and family. This tailored approach is incorporated throughout all components of treatment. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/rrft_fact_sheet.pdf

Safety, Mentoring, Advocacy, Recovery, and Treatment

Modality: Individual, Family, Systems

SMART is a structured, phase-based approach to treating sexually abused children who are exhibiting sexual behavior problems. The model has been successfully implemented with a primarily African American population since 1998. It incorporates already established practices proven to be effective in trauma treatment, such as CBT, as well as psychoeducation and skill building to directly address the behavioral and emotional concerns associated with the experience child sexual abuse and the resultant victimizing behavior. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/smart_fact_sheet.pdf

Sanctuary Model

Modality: Systems

Sanctuary is a trauma-informed, evidence-supported template for system change based on the active creation and maintenance of a nonviolent, democratic, productive community to help people heal from trauma. It addresses the marginalization of specific cultural groups through exposure to trauma. The aims of the Sanctuary model are to guide an organization in the development of a trauma-informed culture with seven dominant characteristics, all of which serve goals related to recovery from trauma-spectrum disorders while creating a safe environment for clients, families, staff, and administrators with measurable goals. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/sanctuary_fact_sheet.pdf

Skills for Psychological Recovery

Modality: Individual, Family

SPR is a manualized, evidence-informed intervention that is intended to foster short and long-term adaptive coping in disaster survivors who are exhibiting moderate levels of distress. It offers simplified, brief application of skills that are commonly related to improved recovery in post-disaster/emergency settings. SPR is intended to help survivors identify their most pressing current needs and concerns and teach and support them as they develop skills to address those needs. Each skill can be covered in one helping contact, and then reinforced in continuing contacts. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/spr_fact_sheet.pdf

Strengthening Family Coping Resources

Modality: Family, Group

SFCR is a manualized, trauma-focused, skill-building intervention. It is designed for families living in traumatic contexts with the goal of reducing the symptoms of posttraumatic stress disorder and other trauma-related disorders in children and adult caregivers. SFCR provides accepted, empirically supported trauma treatment within a family format. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/sfcr_fact_sheet.pdf

[Structured Psychotherapy for Adolescents Responding to Chronic Stress](#)

Modality: Group

SPARCS is a manually-guided and empirically-supported group treatment designed to improve the emotional, social, academic, and behavioral functioning of adolescents exposed to chronic interpersonal trauma and/or separate types of trauma. It was designed to address the needs of adolescents who may still be living with ongoing stress and experiencing problems in several areas of functioning including difficulties with affect regulation and impulsivity, self-perception, relationships, somatization, dissociation, numbing and avoidance, and struggles with their own purpose and meaning in life as well as worldviews that make it difficult for them to see a future for themselves. SPARCS has been successfully implemented with at-risk youth in various service systems in over a dozen states. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/sparcs_fact_sheet.pdf

[Support for Students Exposed to Trauma: School Support for Childhood Trauma](#)

Modality: Group

SSET is an evidence-based intervention focused on managing the distress that results from exposure to trauma. It is designed to be implemented by teachers or school counselors with groups of 8-10 students. It was developed as an adaptation of the Cognitive-Behavioral Intervention for Trauma in Schools program. SSET is designed for children in late elementary school through early high school (ages 10-16) who have experienced events such as witnessing or being a victim of family, school, or community violence, being in a natural or man-made disaster, being in an accident or fire, or being physically abused or injured, and who are experiencing moderate to severe levels of post-traumatic stress symptoms. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/sset_fact_sheet.pdf

[Trauma Adapted Family Connections](#)

Modality: Individual, Family, Group

TA-FC is a manualized trauma-focused practice rooted in the principles of Family Connections (FC), specifically designed to reduce risk factors for child maltreatment, increase protective factors, improve child safety, and reduce internalizing and externalizing child behavior. Themes of collaboration, reflection, and transparency are infused throughout three phases of treatment to assist families with their shared meaning making of their trauma experiences. TA-FC strategies include engagement, trauma-informed family assessment, safety building and enhancement, meeting basic needs, service plan, psycho-education, cognitive behavioral strategies, strengthening family and community relationships, emotion identification and affect regulation, and family shared meaning of trauma through narrative family work. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/tafc_fact_sheet.pdf

[Trauma Affect Regulation: Guide for Education and Therapy](#)

Modality: Individual, Family, Group, Systems

TARGET is a strengths-based approach to education and therapy for survivors of physical, sexual, psychological, and emotional trauma. TARGET teaches a set of seven skills (summarized by the acronym FREEDOM (Focus, Recognize triggers, Emotion self-check, Evaluate thoughts, Define goals, Options, and Make a contribution) that can be used by trauma survivors to regulate extreme emotional states, manage intrusive trauma memories, promote self-efficacy, and achieve lasting recovery from trauma. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/target_fact_sheet.pdf

[Trauma and Grief Component Therapy for Adolescents](#)

Modality: Individual, Group

TGCT-A is a manualized group or individual treatment program for trauma-exposed or traumatically bereaved older children and adolescents that may be implemented in school, community mental health, clinic, or other service settings. It is a modularized, assessment-driven, flexibly tailored treatment manual and accompanying youth workbook that includes detailed instructions for conducting individual or group sessions. Specific treatment modules (and specific sessions within modules) are selected, prioritized, sequenced, and emphasized based on

clients' specific needs, strengths, circumstances, and informed wishes. The intervention contains a variety of components organized into four modules. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/tgcta_fact_sheet.pdf

Trauma Systems Therapy

Modality: Individual, Family, Systems

TST is a model of care for traumatized children that addresses both the individual child's emotional needs as well as the social environment in which he or she lives. It is about breaking down barriers between service systems, understanding a child's symptoms in the context of his or her world, and building on a family's strengths and dreams. It is both a clinical model as well as an organizational model. TST is implemented within an organization to serve as a framework for organizing a multi-disciplinary team of providers from within and outside of an organization to coordinate their interventions. Providers are brought together to address the complex needs of traumatized youth and families using TST as an organizing model concerned with the child's social environment.

https://www.nctsn.org/sites/default/files/interventions/tst_fact_sheet.pdf

Trauma Systems Therapy for Refugees

Modality: Individual, Family, Systems

TST-R is a comprehensive method for treating traumatic stress in children and adolescents that adds to individually-based approaches by specifically addressing social environmental/system-of-care factors that are believed to be driving a child's traumatic stress problems. TST-R is adapted for refugee youth and families who have experienced war and violence prior to resettlement and continue to face ongoing acculturation and resettlement stress. It consists of three components of prevention and intervention. TST-R has been adapted for, and implemented with, various refugee communities. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/tstr_fact_sheet.pdf

Trauma-Focused Cognitive Behavioral Therapy

Modality: Individual, Family, Group

TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events. It can be used with children and adolescents who have experienced a single trauma or multiple traumas in their lives. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/tfcbt_fact_sheet.pdf

Trauma-Focused Coping in Schools

Modality: Individual, Group

TFC (also known as Multimodality Trauma Treatment Trauma-Focused Coping) is a skills-oriented, cognitive-behavioral treatment approach for children exposed to single incident trauma and targets PTSD and collateral symptoms of depression, anxiety, anger, and external locus of control. Designed as a peer-mediating group intervention in schools, it is adaptable for use as group or individual treatment as well. Fact sheet:

https://www.nctsn.org/sites/default/files/interventions/tfcmmtt_fact_sheet.pdf

Taken from the website of the National Child Traumatic Stress Network:

<https://www.nctsn.org/treatments-and-practices/trauma-treatments/interventions>

