Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents. It was developed to address the psychological trauma associated with child sexual abuse, but it has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. Although the TF-CBT is delivered in 12-16 sessions of individual and parent-child therapy, it can also be provided in the context of a longer-term treatment process or in a group therapy format.

The California Evidence Based Clearing House: Scientific rating: 1(well-supported by research evidence)

CrimeSolutions.gov: Effective 13 randomized clinical trials
Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) treats families who have come to the attention of Child Protective Services due to physical abuse and/or neglect, have a target child in the age range of 6 to 17, and have had a new report of abuse or neglect in the past 180 days. MST-CAN works with families to keep children at home with increased safety. They focus on providing treatment to the whole family with special attention given to parents to overcome some of the challenges they face to parenting. MST-CAN programs include treatment for anger management difficulties, parental and/or youth substance abuse, and family problem solving and communication problems. In a five-year clinical trial, MST-CAN was proven to be more effective than enhanced outpatient treatment.

The California Evidence Based Clearing House: Scientific rating: 2(supported by research evidence); Child Welfare-System Relevance Level: High

CrimeSolutions.gov: Promising in one study

BluePrints: Model
TARGET® University of Connecticut is a strengths-based approach to education and therapy for survivors of physical, sexual, psychological, and emotional trauma. This program 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 emotion states, manage intrusive trauma memories, promote self-efficacy, and achieve lasting recovery from trauma. TARGET can be adapted to assist men and women and boys and girls from various age groups, cultures, and ethnicities who have had a variety of traumatic experiences. This program can be offered in 10-12 individual or group counseling or psychoeducational or in-home family therapy sessions conducted by trained implementers (e.g., clinicians, case managers, rehabilitation specialists, teachers).

The California Evidence Based Clearing House: Scientific rating: 3 (promising research evidence); Child Welfare-System Relevance Level: Medium

CrimeSolutions.gov: Effective in more than one study
Alternative Treatment Programs for Trauma (Not Rated or Under Development)

**Forensically Sensitive Therapy (FST)**
7120 E. 6th Avenue, Suite 20
Scottsdale, Arizona 85251

Website: [http://www.sgandhipsyd.com/forensic.htm](http://www.sgandhipsyd.com/forensic.htm)
Phone: (602) 430-2051
Fax: (480) 614-0435
Email: sgandhi.psyc@gmail.com

Forensically Sensitive Therapy (FST) was created to be used effectively with child sexual abuse victims when criminal and civil court cases are actively pending. FST begins at the end of the investigative process, when abuse has been substantiated and the case is being prosecuted, and the patient is exhibiting symptomatic distress. The FST model is an ecological approach that uses multiple modalities of intervention, including: 1) therapy for the child’s sexual abuse trauma that includes both the child and non-offending caregiver, 2) specific intervention and support for the non-offending caregiver pertaining to the multiple losses sustained in the aftermath of sexual abuse discovery, 3) interface with the Criminal Justice System and criminal court, 4) interface with Child Protective Services and civil courts, and 5) interface with schools and other professionals typically involved in child abuse cases.

**Attachment, Self-Regulation, and Competency (ARC)**

The Trauma Center at JRI
1269 Beacon Street
Brookline, MA 02446

Website: [http://www.traumacenter.org/research/ascot.php](http://www.traumacenter.org/research/ascot.php)
Phone: (617) 232-1303
Fax: (617) 232-1280

ARC is a comprehensive framework for intervention with youth exposed to complex trauma. The intervention is tailored to each client’s needs and may include individual and group therapy for children, education for caregivers, parent-child sessions, and parent workshops. ARC identifies three core domains that are frequently impacted among traumatized youth, and which are relevant to future resiliency. The program provides a theoretical framework, core principles of intervention, and a guiding structure for providers working with these children and their caregivers. ARC is designed for youth from early childhood to adolescence and their caregivers or caregiving systems. Pilot studies indicate that ARC leads to reduction in child posttraumatic stress symptoms, anxiety, and depression, as well as increased adaptive and social skills.
**Integrative Treatment of Complex Trauma for Adolescents (ITCT-A)**

University of Southern California  
1975 Zonal Avenue  
Los Angeles, CA 90089-9034


Phone: (323) 442-2830  
Fax: (323) 442-2832

**ITCT-A** is an evidence-based, multi-modal trauma therapy for adolescents that integrates treatment principles from attachment theory, the Self-Trauma Model, affect regulation skills development, and components of cognitive behavioral therapy. It involves structured protocols and interventions that are customized to the specific issues of each client, since complex posttraumatic outcomes are notable for their variability across different individuals and different environments.

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**Real Life Heroes**

Website: [http://www.reallifeheroes.net/Home_Page.php](http://www.reallifeheroes.net/Home_Page.php)

Email: richardkagan7@gmail.com

Real Life Heroes is based on cognitive behavioral therapy models for treating posttraumatic stress disorder (PTSD) in school-aged youth. It 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. This program helps practitioners reframe referrals based on pathologies and blame into an emotionally supportive and enduring relationship. The model utilizes the metaphor of the heroic quest and stresses the importance of engaging caregivers and a collaborative team of caring adults working together with an integrated trauma and resiliency-centered framework to help children with complex trauma.