PROMISING TREATMENTS FOR TRAUMA

Those interested in promising treatment approaches that are trauma-informed can check The National Child Traumatic Stress Network for approaches that have limited research support but are considered promising. A few are described below.

Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT)

AF-CBT, formerly known as Abuse-Focused Cognitive Behavioral Therapy, is a 20-session treatment for parents who physically abuse and their children ages 5 to 17. It is primarily used in outpatient or home settings. It includes methods to address parent-child conflict. AF-CBT has one research study published in 1996 to support its efficacy. The California Evidence-Based Clearinghouse has rated the intervention a “3” (promising).

The major treatment components are engagement and psychoeducation, skills training for both parents and children, and family applications. Methods to deal with child behaviors such as aggressive problems, coping skills, adjustment problems, poor social competence, internalizing symptoms, and developmental deficits in relationships are included.

According to the California Evidence-based Clearinghouse, treatment is not specifically designed for any one ethnic/racial group. It has been used extensively with urban African-American families, but has more recently been applied with Latino, South Asian, and Caribbean-American families. Most of the cases come from urban, inner-city, and low-income families (e.g., Pittsburgh, New York City, Baltimore, Toronto, Seattle, San Francisco, Los Angeles), but
there are more recent applications in rural areas across several states (e.g., Michigan, New Hampshire, Oregon). There is a manual to guide clinicians and training is available.

**Structured Sensory Therapy (SITCAP-ART) for Traumatized Adjudicated Adolescents in Residential Treatment**

The SITCAP-ART program is a comprehensive trauma intervention program, modified from the original Structured Sensory Intervention for Traumatized Children, Adolescents and Parents (SIRCAP) program, started in 2001. SITCAP-ART is designed specifically for at-risk and adjudicated youth. It integrates cognitive strategies with sensory strategies.

**Trauma and Grief Component Therapy for Adolescents (TGCT)**

TGCT is a manualized treatment for older children and adolescents who are traumatically exposed or traumatically bereaved. TGCT may be offered in schools or community mental health settings and has been implemented in the United States and international settings with youth exposed to domestic violence, war, natural or man-made disasters, medical trauma, serious accidents, gang violence, physical assaults, and terrorist events. Depending upon the number and type of treatment modules that are implemented, the total numbers of sessions range from 10 to 24.

**ABC: Attachment and Biobehavioral Catch-up**

This 10-session intervention is targeted to infants from birth to 24 months. The approach is based on attachment theory as well as in stress neurobiology. ABC helps parents
provide nurturing care even if children fail to elicit it or if nurturing care fails to come naturally to parents. Children who have experienced early adversity are often dysregulated behaviorally and biologically. ABC helps parents behave in ways that soothe infants and help them develop regulatory strategies. The intervention is conducted in the family’s home. A computer, video camera, and toys are needed. The intervention requires extensive supervision.

**ARC: Attachment, Self-Regulation, and Competency: A comprehensive Framework for Intervention with Complexly Traumatized Youth**

ARC uses multiple modalities including: individual, group, and family treatment; parent workshops; milieu/systems intervention; and a home-based prevention program. The approach addresses how a child’s entire system of care can become trauma-informed. ARC identifies three primary domains- Attachment; Self-Regulation; Competency. The fourth domain, Trauma Experience Integration, draws from the skills of the first three domains. Ten core ‘building blocks’ are identified for assessment and intervention. ARC is typically a longer-term treatment.

**Victims of Human Trafficking**

VCPN examined the plight of child victims of human trafficking in Volume 90. This population has complex mental health needs. Complex trauma is a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships or contexts. There is little evidence-based research centering on the treatment of survivors of human trafficking (Williamson, Dutch & Clawson, 2010). Instead research with similar populations (migrant laborers; victims of domestic abuse or sexual abuse; victims of torture) is extrapolated. In their review of literature, Williamson et al. found that brief interventions (such as psychological debriefings) were not effective
and could actually increase PTSD symptoms in some cases. In contrast, early supportive intervention, psycho-education, and case management were found to facilitate victims’ continued use of mental health services. The authors note that lack of evidence does not mean that interventions are necessarily ineffective, but rather mean that recommendations for treatments methods cannot be made based on current available research.