Disclaimer: Public and private therapeutic foster care providers should determine their own models and interventions per their structure, resource allocation and models of care; however, this curriculum menu offers a selection of well-researched trauma-informed care and evidence-based practices to support foster youth and their families while in care.

Trauma Informed Screening and Assessment Tools

Trauma Exposure Measures

- NSLIJHS Trauma History Checklist and Interview (North Shore-Long Island Jewish Health System, Inc., 2006)
- Trauma History Checklist (THQ) Child Revised (Green, 1996)
- Traumatic Events Screening Inventory-Child Version (TESI-C: Ford et al., 1999)
- Personal Experience Screening Questionnaire (Winters, 1991)
- Childhood Trauma Questionnaire (Bernstein, 1997)
- PTSD simple screening measure (Winston, 2003)

Post-Traumatic Stress Disorder Symptoms

- UCLA PTSD Index for DSM IV (Pynoos, Rodriguez, Steinberg, Stuber, & Frederick, 1998)
- Child PTSD Symptom Scale (CPSS: Foa, Johnson, Feeny, & Treadwell, 2001)
- Clinician Administered PTSD Scale for Children and Adolescents (CAPS-CA: Newman, 2002)
- Trauma Symptom Checklist for Children (TSC-C: Briere, 1996)
- PTSD checklist for Parent (PCL-C/PR: Blanchard, 1996)

Other Related Areas

- Children's Depression Inventory (CDI: Kovacs, 1992)
- Revised Child Manifest Anxiety Scale (RCMAS: Reynolds & Richmond, 2008)
- Child Behavioral Checklist (CBCL: Achenbach, 2001)
- Teacher Report Form (TRF: Achenbach, 2001)
- Diagnostic Interview Schedule for Children (DISC: Shaffer, 2000)
- Diagnostic Interview for Children and Adolescents- Revised (DICA-R: Reich, 1991)
- Parenting Stress Index Short Form (PSI: Abidin, 1995)

Trauma Informed Care (Child and Family)

Model Name	Description	Additional Information
National Executive Training Institute for the Reduction of Seclusion and Restraint: Creating Violence Free and Coercion Free Mental Health Treatment Settings	All ages. Assists child, youth, adult, and forensic mental health facilities in reducing the use of seclusion and restraint. Evidence supported.	Setting Recommended: Child Welfare Agencies Contact Information: kevin.huckshorn@nasmhpd.org
Risking Connection®	All ages. Develops optimally helpful responses to trauma survivors of all ages and reduces impact of vicarious trauma on staff. Knowledge and skills acquired support overlaying of additional trauma specific interventions and treatment modalities as well as change in all organizational areas. Evidence supported.	Setting Recommended: Child Welfare Agencies Contact Information: training@sidran.org
Sanctuary Model	Age 4 and up (no limit). Trauma-informed, evidence supported template for system change based on the active creation and maintenance of a nonviolent, democratic, productive community in which staff are empowered as key decision-makers to influence their own lives and the welfare of their constituents. Requires extensive leadership involvement in the process of change as well as staff and client involvement at every level of the process	Setting Recommended: • Child Welfare • Agencies Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/san ctuary_general.pdf
Sanctuary Model Plus (IRIS Project)	Children and adolescents placed in residential treatment centers and their families. Integrates a model of organizational change (Sanctuary®), trauma informed, training- reorientation curriculum (START), and an activity-based life story approach to rebuilding attachments, establishing permanency, and reprocessing traumas (Real Life Heroes)	 Setting Recommended: Child Welfare Groups Setting Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/Sa nctuary_Plus_IRIS_2_11_05.pdf

Model Name Attachment, Self- Regulation, And Competence (ARC): A Comprehensive Framework for Intervention with Complexly Traumatized Youth	Description Ages 2-21. Males and females, individual and group therapy for children, education for caregivers, parent child sessions, and parent workshops. Provides a theoretical framework, core principles of intervention, and a guiding structure for providers (http://www.nctsn.org/sites/default/files/asset s/pdfs/arc _general.pdf)	Additional Information Setting Recommended: • Individual • Family • caregivers Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/arc _general.pdf
Assessment- Based Treatment for Traumatized Children: Trauma Assessment Pathway (TAP)	Ages 0/18. Incorporates assessment triage and essential components of trauma treatment into clinical pathways. Provides staff with knowledge and skills to incorporate standardized assessments into intake and ongoing treatment processes; provides a treatment model directed by the uniqueness of the child and his or her family, and provides decision making guidelines regarding trauma treatment strategies based upon the child's unique presentation	Setting Recommended: • Individual • family • child welfare systems Contact Information: (http://www.nctsn.org/sites/defa ult/files/assets/pdfs/tap _general.pdf)
Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)	Ages 8-21. Adaptation of for youth with developmental disabilities whose lives include a wide range of traumatic experiences; requires standard Dialectical Behavioral Therapy (DBT) training first. Also referenced as "Modified DBT with Developmentally Disabled Children" for children 10-14	Setting Recommended: • individual Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/dbt sp_general.pdf
Alternatives for Families: A Cognitive Behavioral Therapy (AFCBT)	Ages 5-17. For physically abused children, offending caregivers. Appropriate for use with physically coercive/abusive parents and their school-age children. Although it has been primarily used in outpatient settings, the treatment can be delivered on an individual basis in alternative residential settings, especially if there is some ongoing contact between caregiver and child	Setting Recommended: Individual Family Group Residential Contact Information: (http://nctsn.org/sites/default/fil es/assets/pdfs/afcbt_ge neral.pdf)

Model Name	Description	Additional Information
Child Adult Relationship Enhancement (CARE)	Children of all ages and their caregivers. Modification of standard Parent-Child Interaction Therapy (PCIT) model to serve special circumstances and culturally diverse clients. CARE reflects a collaborative co- creation between the Trauma Treatment Training Center (TTTC) and a range of agencies (i.e., battered women shelters, foster care agencies, residential care facilities, medical care settings, homeless shelters) (http://www.nctsn.org/sites/default/files/asset s/pdfs/car e_general.pdf)	 Setting Recommended: Families children all settings Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/car e_general.pdf
Child and Family Traumatic Stress Intervention (CFTSI)	Ages 7-18. Children with their parent or caregiver as an early intervention and secondary prevention model that aims to reduce traumatic stress reactions and posttraumatic stress disorder (PTSD) after a potentially traumatic event (PTE). Children are referred by law enforcement, child protective services, pediatric emergency rooms, mental health providers, forensic settings, and schools	Setting Recommended: • Individual • Family • systems Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/CF TSI_General_Information_Fact_S heet.pdf
Community Outreach Program - Esperanza (COPE)	Ages 4-18. Home and school based treatment program for traumatized children who are presenting with behavior or social-emotional problem. The emphasis is on case management to enable clinicians to offer evidence-based trauma treatments in community settings. Combines TF-CBT, PCIT, and culturally modified trauma focused treatment (CM-TFT)	Setting Recommended: • Individual • family Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/co pe_general.pdf
Group Treatment for Children Affected by Domestic Violence (DV)	Ages 5 and up (no upper limit). For children and Non-offending parents who have been exposed to DV; predominantly female. Parallel content for children and parents. Includes 11 topic driven modules.	Setting Recommended: • Group • Family • Child Welfare System Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/Gr oupTreatmentChildrenDomestic Violence_fact_sheet_3 -21-07.pdf

Model Name Integrative Treatment of Complex Trauma (ITCTC, ITCT-A)	Description Ages 2-21. Both males and females. For Hispanic-American, African-American, Caucasian, Asian-American; for youth who may have complex trauma histories.	Additional Information Setting Recommended: • Individual • Family • Child Welfare System Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/IT CT_general.pdf
Parent-Child Interaction Therapy (PCIT)	Ages 2-12. Both males and females, an empirically supported treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns	Setting Recommended: Individual Family Child Welfare System Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/pci t_general.pdf
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	Ages 12-21. Designed to address the needs of adolescents who may still be living with ongoing stress and may be experiencing problems in several areas of functioning. SPARCS has been used with ethnically diverse populations including LGBTQ	Setting Recommended: Family Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/sparcs_gene ral.pdf
Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents (TARGET-A)	Ages 10 and up. Strengths-based approach to education and therapy for trauma survivors who are looking for a safe and practical approach to recovery. Helps trauma survivors understand how trauma changes the body and brain's normal stress response into an extreme survival-based alarm response	Setting Recommended: Individual Group Family Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/target_gene ral2012.pdf
Trauma-Focused Cognitive Behavioral Therapy (TFCBT)	Ages 3-21. For children with Posttraumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences, and their parents or primary caregivers	Setting Recommended: Individual Family Contact Information: http://www.nctsn.org/sites/defa ult/files/assets/pdfs/tfcbt_gener

al.pdf

Model Name	Description	Additional Information
Trauma Systems	Ages 6-19. For children who are having	Setting Recommended:
Therapy (TST)	difficulty regulating their emotions as a result	Child Welfare
	of the interaction between the traumatic	Contact Information:
	experience and the social environment.	http://www.nctsn.org/sites/defa
	Community-based program with modules	ult/files/assets/pdfs/tst_general.
	focusing on home-based services, legal	pdf
	advocacy, emotional regulation skills training,	
	cognitive processing, and	
	psychopharmacology	

General Trauma Care

Model Name	Description	Additional Information
Culturally Modified Trauma- Focused Treatment (CMTFT)	Ages 4-18. Latino/Hispanic; for youth who have experienced sexual or physical abuse; addresses spirituality, gender roles, familismo, personalismo, respeto, sympatia, fatalismo, folk beliefs. TF-CBT with additional modules integrating cultural concepts throughout treatment	Setting Recommended: Individual Family Contact Information: http://www.nctsn.org/sites/d efault/files/assets/pdfs/cmtft _general.pdf
Using Trauma Theory to Design Service Systems	All ages. Step-by-step model systems and agencies to become "trauma-informed." Provides guidelines for evaluating and modifying all system and service components in light of a basic understanding of the role that trauma plays	Setting Recommended: • Child Welfare • Agencies Contact Information: rwolfson@ccdc1.org

Trauma Informed Care (Parenting)

Model Name	Description	Additional Information
Family Advocate Program (2005)	Ages 4-17 (predominantly female). 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	Setting Recommended: Individual Family Child Welfare Contact Information: http://www.nctsn.org/sites/d efault/files/assets/pdfs/for ensic_sensitive_therapy_gene ral.pdf
Nurturing Parenting (2010)	Ages: 6-12 (Childhood) 26-55 (Adult) The Nurturing Parenting Programs (NPP) are family-based programs for the prevention and treatment of child abuse and neglect. The programs were developed to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse and neglect. The goals of NPP are to: •Increase parents' sense of self-worth, personal empowerment, empathy, bonding, and attachment. •Increase the use of alternative strategies to harsh and abusive disciplinary practices. •Increase parents' knowledge of age-appropriate developmental expectations. •Reduce abuse and neglect rates.	Setting Recommended: Individual Family Group Contact Information: Stephen J. Bavolek, Ph.D. (800) 688-5822 fdr@nurturingparenting.com

<u>Sources</u>

The California Evidence-Based Clearing House has evaluated many of these programs and has given each a scientific rating corresponding to the model's research evidence. The Child Welfare relevance level is used to designate programs as being specifically designed, or commonly used, to meet the needs of children, youth, young adults, and/or families receiving child welfare services. For more information, please visit and search: <u>http://www.cebc4cw.org/</u>

National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices: The fact sheets linked from this page offer descriptive summaries of some of the clinical treatments, mental health interventions, and other trauma-informed service approaches that the National Child Traumatic Stress Network (NCTSN) and its various centers have developed and/or implemented as a means of promoting the Network's mission of raising the standard of care for traumatized youth and families. This list does <u>not</u> present a comprehensive list of all relevant interventions developed and available for treating child traumatic stress. Nor do the fact sheets themselves offer a rigorous review of the evidence supporting each intervention. The NCTSN does not intend for this website to serve as a public notice or advertising space for interventions that its sites are not implementing. <u>http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices</u>

NREPP is a searchable online registry of more than 350 substance use and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation. NREPP does not endorse or approve interventions. Please note that since each NREPP review represents a considerable investment of time and public funds, SAMHSA reserves the right to publish all programs on the website that were reviewed and rated. <u>http://nrepp.samhsa.gov/landing.aspx</u>