

# TRAINING GUIDELINES

## Integrative Treatment of Complex Trauma for Adolescents (ITCT-A)

<p><b>Field</b></p>	<p><i>May include requirements, recommendations, minimum standards, variations, ratios &amp; other considerations</i></p>
<p><b>Treatment Description</b></p>	<p><b>Description:</b> Integrative Treatment of Complex Trauma for Adolescents (ITCT-A) was developed to assist clinicians in the evaluation and treatment of adolescents who have experienced multiple forms of psychological trauma, often in the context of negative living conditions such as poverty, deprivation and social discrimination. The core components of ITCT-A include: assessment driven treatment; attention to complex trauma issues; use of multiple treatment modalities; relational processing of early attachment schema and current interpersonal expectations; skills development; therapeutic exposure and exploration of trauma; and advocacy and interventions at the system level.</p> <p><b>NCTSN Fact Sheet Available:</b> Yes  <a href="http://nctsn.org/sites/default/files/assets/pdfs/ITCT_general.pdf">http://nctsn.org/sites/default/files/assets/pdfs/ITCT_general.pdf</a></p> <p><b>Culturally-Specific Information Available:</b> Yes  <a href="http://nctsn.org/sites/default/files/assets/pdfs/itct_cultural.pdf">http://nctsn.org/sites/default/files/assets/pdfs/itct_cultural.pdf</a></p> <p><b>Goals:</b> ITCT-A has been developed to address disparities for adolescents with complex trauma exposure living in environments that, as compared to the general population, are characterized by racial inequality, poverty, unemployment, high rates of homelessness, reduced access to quality education, and community violence. ITCT-A was designed to particularly address the needs of highly traumatized, marginalized adolescents and their families with (a) interventions for complex trauma in clinic, residential, juvenile justice, and hospital settings; (b) outreach through the schools and other external systems; (c) flexible treatment protocols and systemic interventions that take into account the effects of poverty and other social or geographical impediments on the accessibility of treatment; (d) cultural adaptations to empirically-based interventions; and (e) interventions for deliberate self-injury and suicidality.</p> <p><b>Target Population:</b></p> <ul style="list-style-type: none"> <li>• Age range: 12 to 21 years</li> <li>• Ethnic/Racial Group: Hispanic-Americans, African-Americans, Caucasian Americans, Asian-Americans, Pacific-Islander, unaccompanied minors from Mexico and Central America</li> <li>• Applicable for all socioeconomic groups; particularly adapted for economically disadvantaged and culturally diverse clients</li> <li>• Language(s): Interventions adapted for Spanish-speakers</li> <li>• Region: Urban and rural</li> <li>• Other characteristics (<i>not included above</i>): Homeless youth, those in juvenile justice system, residential treatment clients</li> <li>• Adapted for various settings: Inpatient, outpatient, residential, school, and juvenile justice</li> </ul>

**Treatment Description cont'd**

**Essential Components:**

- Treatment follows protocols involving empirically-based interventions for complex trauma and includes multiple treatment modalities: Relational/attachment-oriented, cognitive therapy, exposure therapy, mindfulness skills development, affect regulation training, trigger management, and psychoeducation in individual and group therapy. Specific collateral and family therapy approaches are also integrated into treatment.
- Titrated therapeutic exposure and exploration of trauma is facilitated in a developmentally-appropriate and safe context, balanced with attention to increasing affect regulation capacities, self-esteem, and self-efficacy.
- Incorporates specific approaches for complex trauma treatment including aspects of the Self Trauma model (Briere, 2002; Briere & Scott, 2006), attachment theory, and cognitive behavioral therapy. The relationship with the therapist is deemed crucial to the success of therapy; safety and trust are necessary components.
- Multiple adaptations for youth presenting to clinics, those identified in the school system, and those receiving treatment in a residential or juvenile justice context.
- Clients receive treatment based on needs identified through regular assessment (using the Assessment-to-Treatment Flowchart Adolescent version (ATF-A), and, in some centers, standardized tests), attention to developmental and cultural issues, and ongoing focus on arising challenges and traumas in the youth's environment.
- Immediate trauma-related issues such as safety, anxiety, depression, and posttraumatic stress are addressed earlier in treatment (when possible), in order to increase the client's capacity to explore more chronic and complex trauma issues.
- Complex trauma issues are addressed as they arise, including attachment disturbance, chronic negative relational schema, behavioral and affect dysregulation, interpersonal difficulties, identity-related issues, substance abuse, high risk behavior, and suicidality/self-harm. There is a specific integrated or stand-alone substance use/abuse treatment module

**Other considerations:**

Integrative Treatment for Complex Trauma (ITCT) was originally developed for use with children, adolescents, and young adults (aged 5 to 21 years) who were seen in clinic, school, and hospital settings located in a culturally diverse urban area. Clients aged 5 to 12 years receive ITCT for Children (ITCT-C), while ITCT-A is aimed at those aged 12 to 21 years.

ITCT has also been adapted for use in urban schools in economically impoverished areas, including alternative (e.g., storefront) school settings.

### Training

#### **MINIMALLY ACCEPTABLE TRAINING**

**Mode of Training:** Six hours of in-person training (minimum one full-day workshop) provided by University of Southern California Adolescent Trauma Training Center (USC-ATTC).

**Content:** One- and two-day introductory trainings cover the background of ITCT-A, central principles, assessment methodologies, and treatment components. Two-day trainings also include practice session(s) and in-depth case discussion. Each training is tailored to specific organization/agency needs. The training agendas may vary depending on the setting and population served.

**Number of Days/Hours Total/Minimum:** One day (6 hours); two days (12 hours)

**Options for Make-up:** Attendees can attend another training should they miss part of a day or one day of a two-day training depending on availability.

**Training Cost:** *Please refer to training contact list below to find our more information about specific training cost based on your agency's needs.*

**Training Contact Information:**

Karianne Chen, M.S., MFT [kariannechenmft@gmail.com](mailto:kariannechenmft@gmail.com)

Cheryl Lanktree, Ph.D. [lanktree@usc.edu](mailto:lanktree@usc.edu)

John Briere, Ph.D. [jbriere@usc.edu](mailto:jbriere@usc.edu)

#### **MOST COMPREHENSIVE/HIGHEST RECOMMENDED TRAINING**

**Mode of Training:** Two-day introductory, in-person training plus ongoing consultation for 6 months. Additional follow-up and advanced training after implementation generally consist of one or two-day trainings (6 or 12 hours), webinars, ongoing monthly calls (1.5 hours), and supervisor specific consultation.

**Content:** Two day trainings cover the background of ITCT-A, central principles, assessment methodologies and treatment components, and include practice session(s) and in-depth case discussion. Each training is tailored to specific organization/agency needs. The training agendas may vary depending on setting and population served.

Monthly consultation calls include short presentations on topics such as treatment components, special challenges, working within a particular setting, and implementation related issues, as well as case presentations with consultation and feedback.

Follow-up, advanced training, and further consultations are tailored to the specific agency, treatment population, and setting and may include activities such as onsite, phone/web, supervisor consultation and additional web-based or in-person training.

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<p><b>Training cont'd</b></p>	<p><b>Number of Days/Hours Total/Minimum:</b> Two days of training for a total of 12 hours and participation in one 90-minute consultation call each month. Follow-up and advanced training includes webinars, conference calls, and one-day in-person training or two-day in-person training.</p> <p><b>Options for Make-up:</b> Attendees can attend another in-person training, depending on availability, should they miss part of a day or one day of a two-day training. Consultation calls are offered on a monthly basis and are open to anyone who has received in-person training in the model.</p> <p><b>Training Cost:</b> Please refer to training contact list below to find our more information about specific training cost based on your agency's needs.</p> <p><b>Training Contact Information:</b>          Karianne Chen, M.S., MFT <a href="mailto:kariannechenmft@gmail.com">kariannechenmft@gmail.com</a>          Cheryl Lanktree, Ph.D. <a href="mailto:lanktree@usc.edu">lanktree@usc.edu</a>          John Briere, Ph.D. <a href="mailto:jbriere@usc.edu">jbriere@usc.edu</a></p>
<p><b>Selection</b></p>	<p><b>Minimum Education Level:</b> Minimum Master's level clinician or enrolled in a clinical Master's degree program.</p> <p><b>Licensure/Certification:</b> Licensure is not a prerequisite. Local supervision is required for unlicensed clinicians.</p> <p><b>Experience:</b> It is recommended that the trainee/provider has a background in providing trauma-specific treatment to adolescents. There is no requirement or recommendation for years of experience.</p> <p>Briere, J. &amp; Lanktree, C.B. (2012). <i>Treating complex trauma in adolescents and young adults</i>. Thousand Oaks, CA: Sage.</p> <p>Lanktree, C.B., &amp; Briere, J. (2013). Integrative Treatment of Complex Trauma (ITCT) for children and adolescents. In J.D. Ford and C.A. Courtois, <i>Treating complex traumatic stress disorders with children and adolescents: An evidence-based guide</i> (pp. 143-161). NY: Guilford.</p> <p><b>Match/Fit:</b></p> <ul style="list-style-type: none"> <li>• Age range: 12 to 21 years</li> <li>• Ethnic/Racial Group: Hispanic-Americans, African-Americans, Caucasian Americans, Asian-Americans, Pacific-Islander. Unaccompanied minors from Mexico and Central America.</li> <li>• Applicable for all socioeconomic groups; particularly adapted for economically disadvantaged and culturally diverse clients</li> <li>• Language(s): Interventions adapted for Spanish-speakers</li> <li>• Region: Urban and rural</li> </ul>

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<p><b>Selection continued</b></p>	<ul style="list-style-type: none"> <li>• Other characteristics (not included above): Homeless youth, those in juvenile justice system, residential treatment clients</li> <li>• Adaptations: Adaptable to various settings such as inpatient, outpatient, residential, school, and juvenile justice</li> <li>• Individuals with psychosis and those with severe developmental or cognitive impairments.</li> </ul>
<p><b>Preparation for Training and Implementation</b></p>	<p><b>Agency Readiness Assessment Available?</b> Agencies are required to complete an online training application to assess for readiness. Following the review of the application, the agency participates in a pre-training consultation call in order to determine training needs for that agency, and to assess readiness regarding implementation. Further consultation is also available as needed, before, during, and after the initial training.</p> <p><b>Typical Prerequisites for Training:</b> Training attendees have to, at minimum, be enrolled in a clinical, Master’s degree program to be eligible to attend training.</p> <p><b>Pre-reading/Other:</b> Trainees/providers are strongly encouraged to read the treatment guide(s) before attending a training.</p>
<p><b>Consultation</b></p>	<p><b>Type/Mode/Ratio:</b> Consultation is tailored to specific organizations and based on their needs and systems. Consultation is provided via onsite consultation, monthly video calls, and phone calls.</p> <p><b>Frequency:</b> Monthly, 90-minute calls. More frequently if needed.</p> <p><b>Participation:</b> It is recommended that participants conduct one formal case presentation and attend at least six months of regularly scheduled, 90 minute video consultation calls.</p> <p><b>General/Expected Duration of Consultation:</b> 90 minute, monthly calls, for 6 or more months.</p> <p><b>Demonstrated Proficiency/Mastery/Competence:</b> While not currently measured, a certification program is in development.</p> <p>Requirements will include:</p> <ol style="list-style-type: none"> <li>1. Six hours of in-person training;</li> <li>2. Passing an examination on the web-based ITCT-A guide;</li> <li>3. Completing two hours of web-based training;</li> <li>4. Submitting a written case presentation that will be reviewed and approved by faculty;</li> <li>5. Participation in six monthly video consultation calls;</li> </ol>

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<p><b>Consultation cont'd</b></p>	<p>6. Presentation of one case during a monthly video consultation call, using the recommended USC-ATTC protocol; and</p> <p>7. Completion of a minimum of 2 ITCT-A cases. A complete case must consist of at least 12 face-to-face sessions with the client utilizing core components of ITCT-A, and ideally involve a natural termination.</p> <p><b>Other Parameters of Consultation:</b> N/A</p>
<p><b>Case Completion Requirements</b></p>	<p><b>Case Selection Criteria:</b> Client must be within the age range appropriate for the model, have experienced trauma, and receive ITCT-A treatment.</p> <p><b>Case Completion:</b> Number of cases needed to be completed: 2</p> <p>A complete case consists of at least 12 face-to-face sessions with the client, utilizing core components of ITCT-A, and ideally involve a natural termination. It is recommended that clinicians start ITCT-A with at least 2 clients after having completed the initial training requirements, and that the start of treatment coincide with the attendance on consultation calls. Enrollment of more than two cases is recommended to maximize practice.</p> <p><b>Fidelity:</b> Implementation of the core components of ITCT-A is measured via a self-assessment.</p> <p><b>Mode of Review (e.g., Video/Audio/Test):</b> Consultation call oral presentation and review by developers and USC-ATTC staff.</p>
<p><b>Maintenance</b></p>	<p><b>Booster:</b> At least one in-person or online training every two years is recommended.</p> <p><b>Advanced:</b> At least one advanced training attendance every two years plus ongoing consultation each year is recommended.</p> <p><b>Maintenance Plan/Continuing Education:</b> At least one training every two years plus ongoing consultation is recommended.</p>
<p><b>To Supervise Providers of the Treatment/Product</b></p>	<p>At present, many supervisors are being trained at the same time as their supervisees. As such, they are provided with additional, separate supervision consultation calls and at some trainings, an advanced track is offered.</p> <p>At present, there is no formal supervisor certification available.</p>
<p><b>To Train Providers in the Treatment/Product</b></p>	<p>At present there is no formal train-the-trainer certification available. Pilot testing of a trainer model is in progress. The USC-ATTC does collaborate with agencies and supports internal agency trainings.</p> <p><b>Levels: Parameters &amp; Limitations (i.e., Agency-based, Master):</b> TBD</p> <p><b># of Cases Completed in Treatment:</b> TBD</p> <p><b># of Years Practiced: Total/In Treatment:</b> TBD</p>

### Endorsement or Certification Options

ITCT-A therapist certification (in development) will be announced on the project website when finalized.

#### For Clinician:

#### Level I Standard certification

1. Six hours of in-person training (minimum one-day workshop).
  - a. Provide a copy of your official USC-ATTC Certificate of Training.
  - b. If you do not have your Certificate of Training, you must complete a brief on-line questionnaire and sign an attestation as to the training attended (specifying the date, location, format, and trainer).
  - c. For any in-person training completed before September 2013, you must complete a brief online questionnaire and sign an attestation as to the training attended (specifying the date, location, format, and trainer).
2. Complete the web-based course on the ITCT-A manual and pass a quiz for each chapter with 80% correct responses.
3. Attend two, 1-hour ITCT-A webinars and complete a post-test quiz for each webinar with 80% correct responses. These must be completed after the in-person training and web-based course is completed.
4. Completion of a written work product.
  - a. Present a sample case that you have treated (1 to 3 pages, typed, single-spaced). Include the following information:
    - i. Demographics and special service needs.
    - ii. Presenting problem(s) and situational context. Include symptoms and problematic behaviors.
    - iii. Relevant biological, developmental, and medical history.
    - iv. Previous mental health issues and treatment. Include past and present psychiatric medications and history of trauma.
    - v. Past and present alcohol or substance use and treatment history.
    - vi. Family medical and psychiatric history.
    - vii. Family history. Describe home environment, caregivers, siblings, etc.
    - viii. Relevant social, educational, occupational, and legal history
    - ix. Assessment of risk. Identify potentially risky behaviors as well as risk of direct harm to self or others.
    - x. Client strengths and social support.
  - b. Attach a completed Assessment-Treatment Flowchart for Adolescents (ATF-A).
  - c. Based on the Problem-to-Components Grid (PCG), outline a comprehensive treatment plan. Briefly describe the course of treatment, ITCT-A interventions used, and outcomes (1 to 2 pages, typed, single-spaced).

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<p><b>Endorsement or Certification Options cont'd</b></p>	<ol style="list-style-type: none"> <li>5. Active participation in at least six regularly scheduled video consultation calls. These consultation calls are generally held once monthly for 90-minutes.</li> <li>6. During one consultation call, present a clinical case utilizing ITCT-A (a minimum 30-minute formal case presentation). A presentation format similar to the written case material is suggested.             <ol style="list-style-type: none"> <li>a. Scheduling of a case presentation for a monthly call must be coordinated with Karianne Chen, MS, LMFT.</li> <li>b. Completion of a minimum of 2 cases. A complete case must consist of at least 12 face-to-face sessions with the client, and include utilization of the core components of ITCT-A while ideally involving in a natural termination.</li> </ol> </li> <li>7. Certification application must be completed online.</li> </ol> <p><b>For Supervisor:</b> To be determined</p> <p><b>For Trainer:</b> To be determined</p> <p><b>Decision-making process/body:</b> ITCT-A developers and USC-ATTC staff</p> <p><b>Roster of Trainers:</b> Please contact Karianne Chen, MS, LMFT at <a href="mailto:kariannechenmft@gmail.com">kariannechenmft@gmail.com</a>.</p>
<p><b>Additional Resources</b></p>	<p>USC Adolescent Trauma Training Center website: <a href="http://attc.usc.edu">http://attc.usc.edu</a></p> <p><i>ITCT-A Treatment Guide 2nd Edition:</i> <a href="http://keck.usc.edu/adolescent-trauma-training-center/wp-content/uploads/sites/169/2016/06/ITCT-A-TreatmentGuide-2ndEdition-rev20131106.pdf">http://keck.usc.edu/adolescent-trauma-training-center/wp-content/uploads/sites/169/2016/06/ITCT-A-TreatmentGuide-2ndEdition-rev20131106.pdf</a></p> <p><i>Treating Substance Use Issues in Traumatized Adolescents and Young Adults: Key Principles and Components:</i> <a href="http://keck.usc.edu/adolescent-trauma-training-center/wp-content/uploads/sites/169/2015/04/Treating-Substance-Use-Issues-20131106.pdf">http://keck.usc.edu/adolescent-trauma-training-center/wp-content/uploads/sites/169/2015/04/Treating-Substance-Use-Issues-20131106.pdf</a></p> <p><a href="http://www.johnbriere.com">www.johnbriere.com</a></p> <p>Briere, J. (2015). Mindfulness and trigger management interventions for traumatized, substance-using youth. <i>Counselor</i>, 16, 41- 47.</p> <p>Briere, J. &amp; Lanktree, C.B. (2012). <i>Treating complex trauma in adolescents and young adults</i>. Thousand Oaks, CA: Sage.</p> <p>Lanktree, C.B., &amp; Briere, J. (2013). Integrative Treatment of Complex Trauma (ITCT) for children and adolescents. In J.D. Ford and C.A. Courtois, <i>Treating complex traumatic stress disorders with children and adolescents: An evidence-based guide</i> (pp. 143-161). NY: Guilford.</p> <p>Lanktree, C.B., Briere, J., Godbout, N., Hodges, M., Chen, K., Trimm, L., Adams, B., Maida, C.A., &amp; Freed, W. (2012). Treating multi-traumatized, socially-marginalized children: Results of a naturalistic treatment outcome study. <i>Journal of Aggression, Maltreatment &amp; Trauma</i>, 21, 813–828.</p>