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Youth Outcomes of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in the Child Trauma Training Center (CTTC)

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Introduction

Exposure to trauma among youth is common and can cause behavioral, social and functioning problems. Use of evidence-based trauma treatment can reduce post-traumatic stress (PTSD) symptoms and behavioral problems. This poster highlights the outcomes of youth who participated in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) provided by clinicians who were trained through the University of Massachusetts Medical School (UMMS) Child Trauma Training Center (CTTC).

Methods

308 youth ages 6-18 were enrolled into the CTTC evaluation with a mean age of 11.31 years ($SD = 3.5$); over half were female (58.1%), the majority were white (62.3%) and 37% were Hispanic. Data was collected by clinicians at three different time points: baseline, six-months and discharge through REDCap using the following measures: Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001), UCLA PTSD Index (Pynoos et al., 1998) and the Social Connectedness survey (Lee & Robbins, 1995).

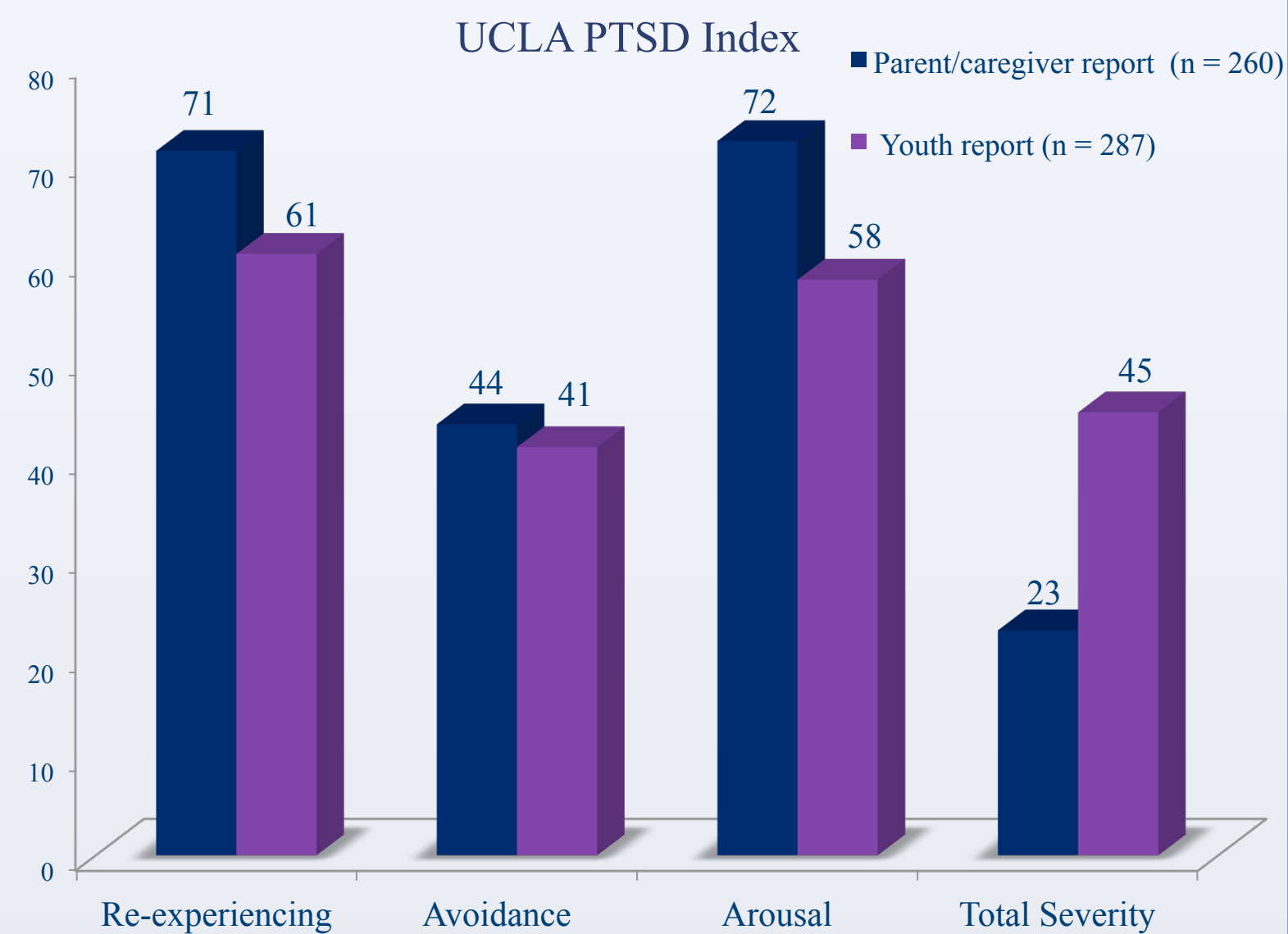
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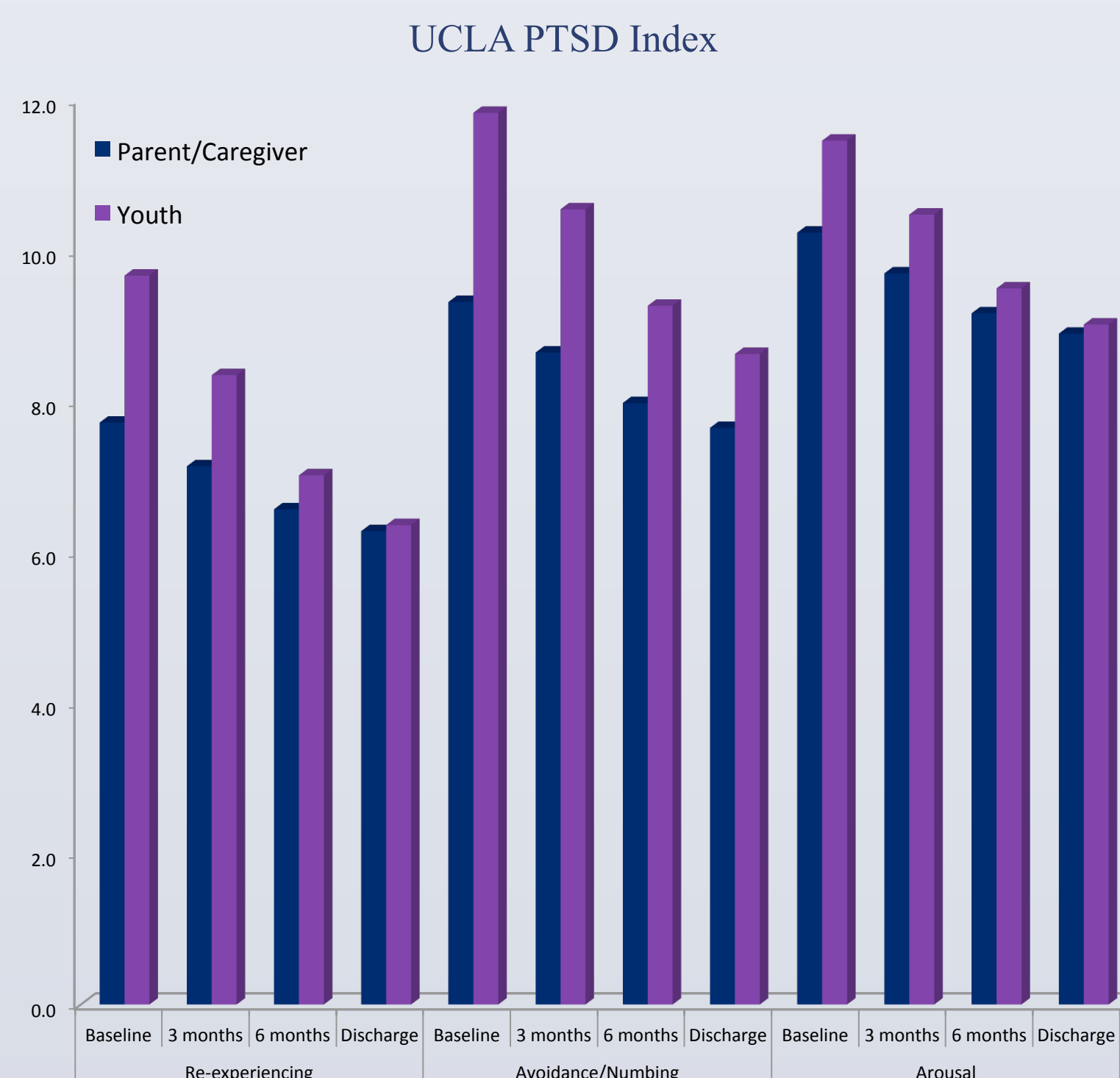
Results

Percent of Youth Meeting the Clinical Cutoff for PTSD Symptoms at Baseline, by Source



Note: Clinical cutoff = > 37

Mean Scores of Youth with PTSD Symptoms at Each Assessment Period, by Source



Both youth and parent/caregiver reports showed significant reduction in PTSD symptoms from baseline to discharge of TF-CBT treatment. $p < .001$ for all symptoms by each source

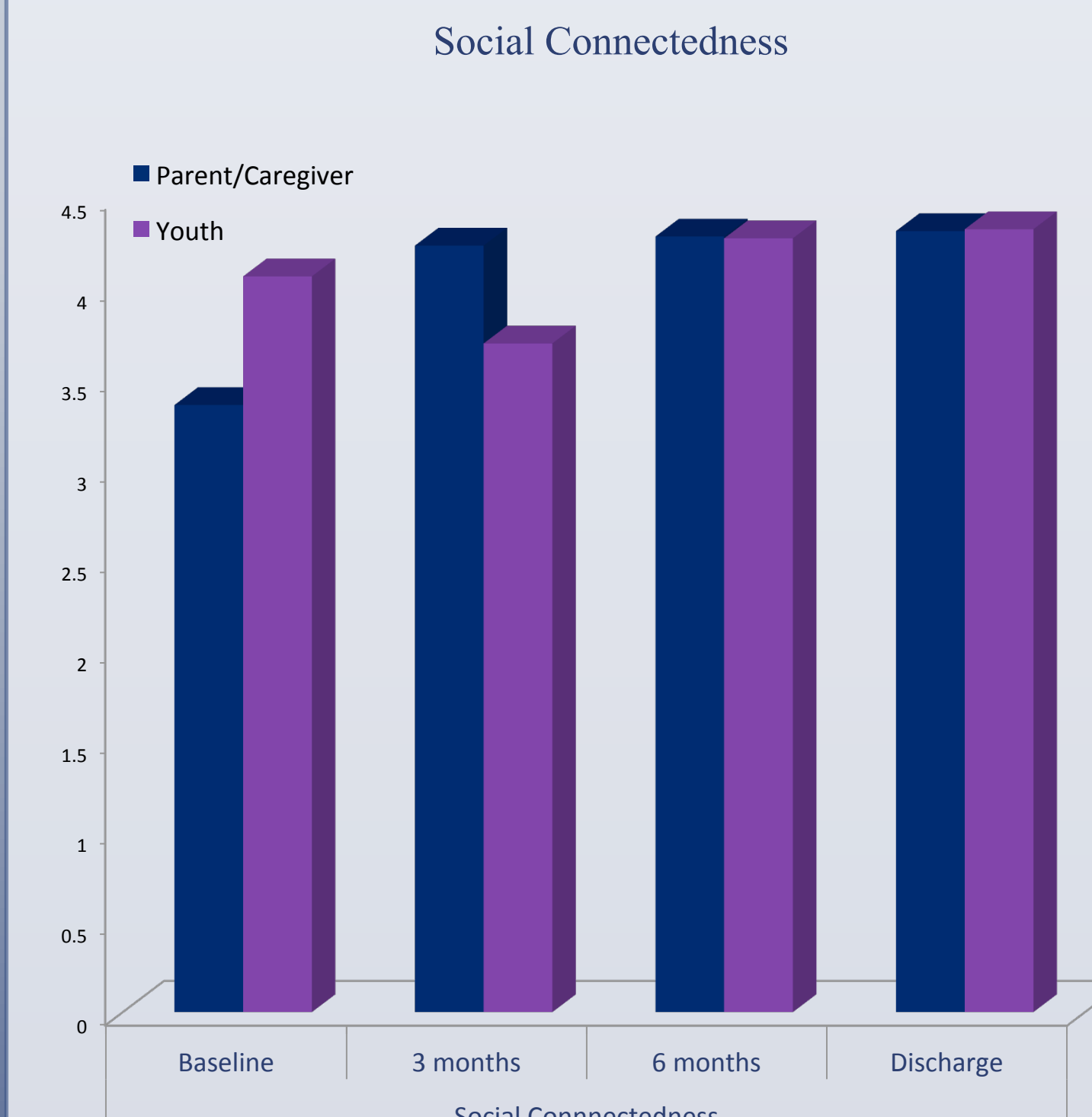
Results

Mean Scores of Youth with Behavioral Problems at Each Assessment Period



Parent/caregiver report showed a significant reduction in Internalizing, Externalizing and total behavioral problems from baseline to discharge of TF-CBT treatment. Internalizing $p < .01$; Externalizing $p < .001$ and total problem behaviors $p < .001$

Mean Scores of Youth Social Connectedness at Each Assessment Period, by Source



Both youth and parent/caregiver reports showed significant improvement in Social Connectedness from baseline to discharge of TF-CBT treatment. Parent/caregiver report: $p < .05$; youth report: $p < .001$

Conclusion and Discussion

Results of the youth and parent/caregiver reports of PTSD symptoms, behavioral problems and social connectedness indicates that youth and parent/caregivers noticed significantly fewer and less severe PTSD symptoms, fewer behavioral problems and improvement in social connectedness compared to baseline. These results adequately show positive child outcomes as a result of TF-CBT treatment in the context of CTTC's framework.

Acknowledgments

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References

Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA school-age forms & profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

Child Trauma Training Center (2012). *Demographic questions*. Boston, MA: Author.

ICF Macro (2010). *General trauma information form*. National Child Traumatic Stress Initiative, Substance Abuse and Mental Health Services Administration.

Pynoos, R., Rodriguez, N., Steinberg, A., Stuber, M., & Frederick, C. (1998). *UCLA PTSD Index for DSM-IV*. Los Angeles: University of California.

Brannan, A.M., Heflinger, C.A., & Bickman, L. (1997). The Caregiver Strain Questionnaire: Measuring the impact on the family of living with a child with serious emotional problems. *Journal of Emotional and Behavioral Disorders*, 5, 212-222.

Singer, J. D. & Willet, J. B. (2003). *Applied longitudinal data analysis: Modeling change and event occurrence*. New York: Oxford University Press.

Allison, P. D. (2003). Missing data techniques for structural equation modeling. *Journal of Abnormal Psychology*, 112(4), 545.

Cohen, J. (1992). A power primer. *Psychological Bulletin*, 112(1), 155-159.

Lee, R. M., & Robbins S. B. (1995). Measuring belongingness: The social connectedness and the social assurance scales. *Journal of Counseling Psychology*, 42, 232-241.