

## Program Overview: Trauma and Grief Component Therapy

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Other Therapy Programs	Definitions/ Notes
<b>Program Name</b>	Trauma and Grief Component Therapy (TGCT)	
<b>History of Program</b>	In 1996, UNICEF approached the University of California – Los Angeles to develop a treatment for adolescents exposed to war and severe, violence-related trauma. Together, UNICEF and UCLA developed TGCT - a community or school-based group treatment program for traumatically bereaved youth. Primarily used with older school-aged children and adolescents, TGCT is a trauma-focused psychotherapy treatment offered in a group format. In a stepwise progression, TGCT uses assessment, psychoeducation, and psychotherapy to address several therapeutic foci, including: 1) processing of traumatic experiences, 2) coping with reminders of trauma and loss, 3) coping with posttraumatic adversities, 4) managing traumatic grief, and 5) resuming developmental progression.	
<b>Description of Program as it Relates to addressing Children's Exposure to Violence</b>	TGCT has primarily been administered in secondary schools throughout Bosnia and Hercegovina to treat war-exposed youth, however, it has recently been piloted with youth witnessing 9/11 and youth exposed to gang violence in Los Angeles. TGCT includes elements of narrative reconstruction, emotion regulation, and psychoeducation to improve adaptive coping and grieving. Initial	

Highlighted text indicates program components are currently under review. Changes may be pending.

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	evaluations demonstrate positive, short-term effects of TGCT in reducing post-traumatic and psychological distress, depressive symptoms, and maladaptive grieving among youth.	
<b>Service Continuum</b>	Secondary/Selective Intervention Tertiary/Targeted Intervention	
<b>Primary Exposure Type</b>	Community Violence School Violence (e.g., shootings; rape) Gang Violence Violence in the Wake of Mass Trauma Refugee/Immigration/War/Political High Risk for Exposure / Trauma	
<b>Target Population</b>	Individual Children/ Youth  Providers/Staff School counselors	The primary target population is children, but the school system and mental health providers within it have reported outcomes such as better role definition, networking, and increased expertise.
<b>Target Age</b>	Middle Childhood (6 - 12) Adolescence (13-21)	TGCT is targeted for late middle childhood and adolescence (11-20 years old).
<b>Target Gender</b>	Both	
<b>Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?</b>	Has this program been used or evaluated with minority, cultural, or linguistically diverse groups? Yes  Bosnian	
<b>What Adaptations have been made?</b>	Bosnian groups.	
<b>Primary Settings</b>	Schools Neighborhood/Community Settings	

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<b>Persons or Entities in charge of delivering Program</b>	Mental Health Providers (e.g., Social Workers, Therapists)	
<b>Primary Components</b>	Assessment/ Triage/Screening Child Group Therapy	

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## Resource & Capacity Planning

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<b>Length/Duration of Program</b>	TGCT is delivered in 10-24, 50 to 90-minute sessions. Evaluations of TGCT have been conducted with the implementation of 20 group sessions.	
<b>Required Materials</b>	Manuals/Program materials	Manuals and participant workbooks are available.
<b>Are Materials Available in Multiple Languages?</b>	Bosnian	
<b>Training Requirements</b>	Face-to-face training Supervision Consultation	A two-day training is required for providers. Ongoing supervision and consultation with UCLA is included.
<b>Provider Certification/ Training/ Requirements</b>	Special Service Area Required (e.g., Social Worker, Doctor)	Providers are typically school counselors or mental health providers.
<b>System or Agency Recommendations for Serving CEV Populations</b>	<b>With-in Agency Support &amp; Infrastructure</b>  TGCT is best implemented when there is sufficient infrastructure and support, such as cooperation and collaboration from school administrators and practitioners, support from agency personnel, time allocated for training and consultation, and ongoing assessment/evaluation.	
<b>Costs of Implementation</b>	Not Yet Available	

## Evidence for Children’s Exposure to Violence

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<b>Evidence for Preventing or Addressing Violence Exposure</b>	<p>Based on available information, in general, when implemented with sufficient fidelity this program demonstrates <i>adequate empirical findings</i> of reducing the risk of exposure or ameliorating the effects of exposure using a <i>sound conceptual framework</i> and an evaluation design of the high quality (<i>quasi-experimental</i>) and has been used with populations known to be at risk for violence exposure (e.g., children in residential settings).</p>	<p>Rating pending more evaluation information.</p>
<b>Evaluation Design of Studies with CEV</b>	<p>Randomized, control experimental design</p> <p>Waitlist control</p> <p>Pre- and post-test (no comparison group)</p> <p>Feasibility testing</p>	
<b>Violence Exposure-Related Outcomes</b>	<p>Severely traumatized adolescents receiving TGCT show significant reductions in maladaptive grieving, post-traumatic distress and depressive symptoms upon completion of treatment. Children who reported reduced distress and program satisfaction from baseline to treatment completion were more likely to show compliance, positive peer relationships, and interest in school. Focus group data indicate students receiving treatment report increased problem-solving skills, self-esteem, hope and improved relationships.</p>	

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	<p><b>Provider (Briefly Describe)</b>  School counselors report gaining expertise in mental health treatment and experiencing positive changes in their roles, including shifting from being a disciplinarian to healer and having a clearer sense of their role within the school system. Educators (e.g., teachers, administrators, and counselors) also reported gaining a better understanding of their professional responsibilities and boundaries.</p>	
<p><b>Additional Research Information</b></p>	<p>Using a non-experimental design (pre- and post-intervention comparison), TGCT was implemented with 87 trauma-exposed adolescents in 17 Bosnian schools. Due to unforeseen issues associated with community-driven research, only 10 schools and 55 students completed the program. Data were collected at pretreatment (classroom screening) and posttreatment.</p> <p>Posttraumatic stress was assessed using the Reaction Index – Revised (RI-R), a 17-item self-report survey. Youth’s depressive symptoms were measured using the Depression Self-Rating Scale (DSRS; Birelson, 1981, and maladaptive grieving or symptoms of complicated grief were obtained via the Grief Screening Scale (GSS), a 10-item self-report inventory.</p> <p>Layne, C. M., Pynoos, R. S., Saltzman, W. R., Arslanagic, B., Black, M., Savjak, N., Popovic, T., Durakovic, E., Music, M., Campara, N., Djapo, N., &amp; Houston, R. (2001). Trauma/Grief-focused group psychotherapy: School-based postwar intervention with traumatized Bosnian adolescents. <i>Group Dynamics: Theory, Research, and Practice</i>, 5, 277-290.</p>	<p>Layne, C. M., Pynoos, R. S., Saltzman, W. R., Arslanagic, B., Black, M., Savjak, N., Popovic, T., Durakovic, E., Music, M., Campara, N., Djapo, N., &amp; Houston, R. (2001). Trauma/Grief-focused group psychotherapy: School-based postwar intervention with traumatized Bosnian adolescents. <i>Group Dynamics: Theory, Research, and Practice</i>, 5, 277-290.</p> <p>Layne, C. M., Saltzman, W. R., Poppleton, L., Burlingame, G. M., Pašali, A., Durakovic, E., et al. (2008). Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: A randomized controlled trial. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 47, 1048-1063.</p>

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	<p>Using a randomized controlled design, researchers assigned 127 severely distressed Bosnian students to either: 1) a classroom-based, psychoeducation and skills training group (control; n=61); or 2) a psychoeducation, skills training, and TGCT group (n=66). On average, students were 16 years old. Over 1/3 reported witnessing death or serious injury from war and 73% reported direct life threat due to close proximity to violence.</p> <p>:</p> <p>Adolescents' levels of traumatic stress or recent PTSD symptoms, depression, and complicated grieving (i.e., maladaptive grieving behaviors) were measured using the Reaction Index (RI), the Depression Self-Rating Scale (DSRS; an 18-item youth self-report questionnaire), and the UCLA Grief Inventory (a self-report survey consisting of Traumatic Grief and Existential Grief subscales).</p> <p>Layne, C. M., Saltzman, W. R., Poppleton, L., Burlingame, G. M., Pašali, A., Durakovic, E., et al. (2008). Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: A randomized controlled trial. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 47, 1048-1063.</p>	
<b>Conceptual Framework/Theoretical Design</b>	Reputable	<p>Based on a developmental psychopathology of trauma and posttraumatic adjustment. The five therapeutic foci of the model are taken from Pynoos and colleagues.</p> <p>Students receiving treatment tend to report outcomes, which are present, but they are only minimal to moderate. Most outcome measures are developed by authors/researchers (though empirically validated). I would place it in between promising</p>

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		and adequate – more research is needed. The strength of this program is that it has been used with adolescents with HIGH and SEVERE traumatic distress and violence exposure. It is a very targeted treatment.
<b>Is this Program an Evidence-Based Practice in other Family/ Youth Development Areas?</b>	No	blank
<b>Sources</b>	Empirical Studies (peer-reviewed journal) Evaluation Conducted by Program Other (describe): NCTSN	Blank

## Contact Information

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## Selected Publications/References

Layne, C. M., Djapo, N. & Pynoos, R. S. (1999). War Trauma Exposure Inventory. To appear in *Unpacking dimensions of war exposure and their pathways of influence: A longitudinal study of adolescent mental health in post-war Bosnia*. Manuscript in preparation.

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Layne, C. M., Poppleton, L., Saltzman, W., et al. (manuscript in preparation). Effectiveness of component therapy for trauma and grief: In search of mechanisms of therapeutic change.

Layne, C. M., Pynoos, R. S., & Cardenas, J. (2001). Wounded adolescence: School-based group psychotherapy for adolescents who have sustained or witnessed violent interpersonal injury. In M. Shafii & S. Shafii (Eds.), *School violence: Contributing factors, management, and prevention* (pp.163-186). Washington, DC: American Psychiatric Press.

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Layne, C. M., Saltzman, W. R., Burlingame, G. M., Davies, R., Popovic, T., Durakovi, E., et al. (2001, November). UNICEF Technical Report: Effectiveness of the UNICEF School-Based Psychosocial Program for War-Exposed Adolescents.

Layne, C. M., Saltzman, W. R., Poppleton, L., Burlingame, G. M., Pašali, A., Durakovic, E., et al. (2008). Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 1048-1063.