

Intervention Name: The Intergenerational Trauma Treatment Model

1. Brief Description of the Intervention:

The ITTM is a 21-session complex trauma treatment program for children and their Caregivers and involves the caregiver throughout the course of trauma treatment for the child. The results appear to be effective and long lasting (Copping, Benner, Warling, & Woodside, 2003).

The ITTM picks up where attachment work leaves off and interrupts the intergenerational transmission of traumatic impact onto the children. The ITTM specifically grows the caregiver's investment in the program where commitment to the treatment process may be in question at the start.

The ITTM's methodologies assess and resolve caregiver-related issues from childhood, reduce the impact of traumatic events in adults and children and strengthen the child/caregiver bond through *three phases* of treatment. Themes on the psychological and emotional impact of traumatic events, the importance of caregiver involvement throughout treatment, and the disruption in family functioning following a traumatic event, are interwoven throughout each phase of treatment.

Phase A is comprised of six 90-minute Trauma Information Sessions (T.I.S.'s) presented to a group of up to 50 caregivers. Phase B involves assessment and treatment to the caregiver, over a period of 3-7 sessions. Assessment and treatment for the impact of the caregivers own trauma history on their interactions with the child is the core material of Phase B. Subsequently, in Phase C, the caregiver and therapist are engaged in providing 3 – 8 treatment sessions to the child for the traumatic events experienced and for affecting changes in the child's remaining behaviors.

The caregiver is involved through the treatment process. The ITTM shares the assumption of Cognitive Behavioral Therapy that how we think about something affects how we choose to act, and that we can use understanding to help shape behaviors. Cognitive principles are applied within every phase of the ITTM, and include 1) providing education in a supportive format, 2) empowering the caregiver to be the expert for their child, 3) re-evaluating assumptions about the effects of trauma on the child, such as sexualization, stigmatization, attributions of responsibility for the trauma, feelings of betrayal or of worthlessness, and 4) interpreting the child's problem as trauma-related, while assisting the caregiver to engage with their child in a new and more helpful way.

2. Please select the primary categories that relate to the intervention: (Please highlight applicable categories)

- Adult mental health
- Attachment Interventions
- Behavioral Management and Treatment
- Child Mental Health – externalizing
- Child Mental Health - internalizing
- Educational Support Interventions
- Family Functioning (communication, bonding, interactions and relationships)
- Parent Engagement
- Parenting Skills - Training and Enhancement
- Social/emotional functioning (social competence/prosocial behaviors, conflict management, problem solving, coping-stress management, decision making and self -esteem)
- Trauma Treatment

3. Describe the intervention’s current use with one or both of the QIC-AG’s target population:

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

BOTH (as described in response to question # 1).

4. If currently not being used with one or both of the QIC-AG’s target population, describe how the intervention could be adapted to respond to the needs of the QIC-AG’s target population:

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

5. Intervention goals/outcomes:

Phase A: (Caregivers and teens over 12 years of age) Teens are there *ONLY* to observe and experience their Caregivers involvement.

Six, 90-minute sessions

Renewed hope in Caregivers for change, and in the hope of effectiveness and competency as parents

Increased awareness and education in Caregivers as to the impact of traumatic events in childhood (starting with their own). Increases and strengthens the Caregiver's empathy towards themselves first which is then more easily applied to their children.

Observations by children and teens that something different is happening in the behaviors and emotional responses of Caregiver's.

Caregiver's complete homework assignments each week.

Renewed hope in children's experience of Caregiver's responses and behaviors

Caregiver's experience a significant increase in competency and commitment to Phase B and Phase C of treatment to assist child in avoiding the stress and negative aspects of behavior and symptoms caregiver has unnecessarily lived with in their life to date.

Builds and/or strengthens Caregiver's motivation

Phase B: (Caregiver-only)

3-7 Individual Adult Sessions

The assessment, deconstruction and reconstruction of faulty belief systems established in childhood as a result of unresolved trauma impact events of life conditions.

6. Please name the sites and contact information where the intervention has been replicated/ implemented:

12 Child and Family Mental Health Clinics in Ontario Canada over past 15 years

7. Describe the evaluation or research that has been collected on this intervention:

PUBLICATIONS

- Scott, K., Copping, V., (2008). Promising Directions for the Treatment of Complex Childhood Trauma: The Intergenerational Trauma Treatment Model. *The Journal of Behavior Analysis of Offender and Victim: Treatment and Prevention*. Vol. 1. Iss. III. p. 273.

• Copping, Valerie E. M.A., Warling, Diane L., Ph.D., Benner, David G, Ph.D., C. Psych., Woodside, Donald. W., M.D., F.R.C.P. (2001). *A Child Trauma Treatment Pilot Study: Journal of Child and Family Studies*. Vol. 10. No. 4. P.p. 467-475.

• Copping, Valerie E. M.A., *Beyond – Over and – Under Control: Behavioral Observations of Shelter Women and Children* (1995). *Journal of Family Violence*, 11 (1) 41-57.

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