Stanford Cue Centered Treatment Protocol (CCT)

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Why the Need for CCT?

- Prevalence rates of 50-96% for exposure to some form of violence in urban youth
- Multiple events and chronic nature of exposure
- Prevalence rates of PTSD are much higher in youth exposed to violence than other forms of trauma

Early Intervention

- Youth are particularly vulnerable
- PTSD may become a chronic condition if untreated
- Even those who recover are likely to relapse
- Cost of care in U.S. is over $42 billion/yr.

Trauma Consequences

- Posttraumatic Stress Disorder (PTSD)
- Anxiety
- Depression
- Aggression
- Delinquency
- Substance use
- Lower academic performance
- Structural and functional changes in the brain

Background

- Multimodal: cognitive behavioral, psychodynamic, expressive, interpersonal, and family therapies

- Brief, individual psychotherapy (15-18 sessions) for youth ages 8-18 exposed to chronic, ongoing trauma

- Augments with:
  - -Guidance on treatment of ongoing trauma
  - -Psychoeducation on classical conditioning
  - -Empowerment through identification of cues
  - -Collaborative: caregiver, child, and therapist as a team
  - -Caregiver serves as a coach

- Trauma is not one size fits all!

The Cognitive Square

- Change one corner – everything changes!

Four Components of Treatment

- **Part 1**: Assessment, psychoeducation, coping toolbox
- **Part 2**: Trauma narrative
- **Part 3**: Gradual exposure
- **Part 4**: Revisiting trauma narrative; integration of skills learned

Part 1: Assessment

- Session A – Assessment
  - Thorough and detailed history: Medical, developmental, academic, social, family, current/past symptoms, mental status exam
  - Who, what, when, where of trauma and functioning before, during, and after
  - Support analysis

Part 1: Psychoeducation

- Session 1 – Caretaker + child
- Important to do thorough education
  - Normalize PTSD – disorder of fear extinction
  - Normalize symptoms – hyper-arousal, dissociation, re-experiencing (flashbacks)
  - Fight/Flight reaction
  - Explain cues – neutral objects present during the trauma – could be triggering child

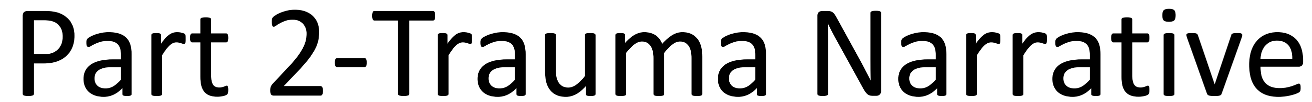
Part 1: Toolbox

Tool Box Worksheet

Tools developed during treatment:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

A tool is anything that you can think or do that will help you develop a new response for your trauma-related cues/triggers. As we learn about tools together, you will be adding the ones you like to your tool box.



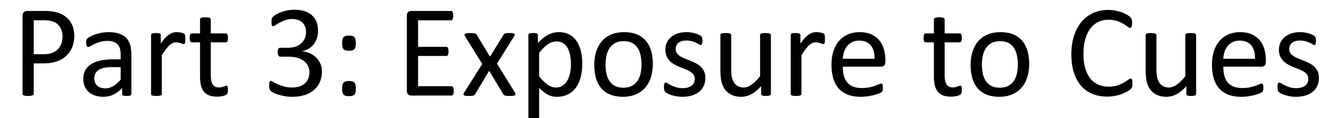
Part 2-Trauma Narrative

- Initially, encourage child to express story in any manner he/she feels comfortable. Eventually want to move from nonverbal to verbal.
- Identify feelings, thoughts, memory gaps, and cues
- Lifeline to record child’s history
- Feelings Sheets: Linking triggers to actions

Part 2: Reframing Distortions

- Examples: “If I was a better person, my dad wouldn’t have hit me”, “I should have called 911”, “The world is a dangerous place”
- Now: “I am a good person. I am not responsible for my dad’s actions.”, “I was a small child; adults called 911”, “The world is sometimes dangerous, but mostly safe”
- “Victim” to “Survivor”

Part 3: Exposure to Cues



- Child chooses what cues to work on

- Cue Response Chart: how cues impact the four corners of the cognitive square

- Gradual exposure to practice alternative responses
  - -Imaginary
  - -In-Session
  - -In-Vivo

Part 4: Narrative Retelling and Consolidation of Skills Learned

- Child retells story incorporating skills learned

- Looking for changes in:
  - -Feelings
  - -Thoughts/beliefs
  - -Victim to survivor mode
  - -Stability of story and filling in of gaps

- Problem solving for future situations

Randomized Clinical Trial of CCT

- 13 low-income, high-risk schools in SF and EPA
- 65 participants, ages 8-17
- Minority youth: 33 Afr Amer, 26 Hisp, 1 PI, 5 Mixed
- All participants had at least 2 traumas, avg=5
  - Separation/loss: 75%
  - Witnessing violence: 61.5%
  - Homicide: 51.9%
  - Physical abuse: 25%
  - Bullying: 25%

Results

- CCT group had significant reductions on PTSD, anxiety, and depression symptoms
- Greater reductions of symptoms earlier in treatment, smaller reductions later on
- Differential reductions in caregiver anxiety, depression, and caregiver reported PTSD symptoms.
- Improvement of overall functioning as rated by therapists
- Treatment gains maintained at 3-month follow-up