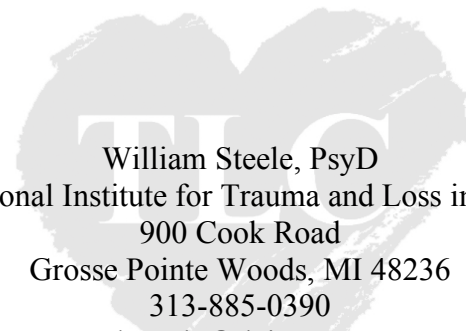


**Children of Today: Short Term Intervention – Long Term Gains  
(I Feel Better Now!)  
The National Institute for Trauma and Loss in Children  
Evidence-Based Research Project 2006-2007**



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## **Children of Today: Short Term Intervention – Long Term Gains (I Feel Better Now!) The National Institute for Trauma and Loss in Children Evidence-Based Research Project 2006-2007**

*Children of Today: Short Term Intervention – Long Term Gains*, a randomized, controlled research study was conducted with students in grades 2 - 5 during the 2006 – 2007 school-year at Taylor Schools, a core at-risk city school district near Detroit, Michigan. The National Institute for Trauma and Loss in Children (TLC Institute) and Wayne State University carried out this evidence-based research study, the first of its kind. Pre, Post and Follow-up data has been collected. Parents/guardians whose child had experienced or witnessed one or more traumatic events had the opportunity to have their child screened using the Briere *Trauma Symptom Checklist for Children (TSCC-A)*. 200 children were screened and children with sub clinical trauma scores were excluded from the study. 89 children completed the *I Feel Better Now! Program*, a 10-week, group trauma intervention program that was conducted after school. Parents/guardians participated in two sessions. Therapists who provided the program were trained and certified by TLC Institute.

Children were randomly assigned to either Group A (treatment group) or Group B (waitlist/comparison group). Group A was provided with 10 weeks of trauma intervention in a group setting. At intake and discharge, parents completed the Achenbach *Child Behavior Checklist (CBCL)* and children completed the Briere *TSCC-A*, and TLC Institute's *Child PTSD Questionnaire (CAQ)*. Three months after completion, the parents and children completed these instruments again to determine whether or not gains evidenced at the end of treatment were maintained.

Group B was provided with regular telephone contact with the clinician and began the trauma intervention program in a group setting after 10 weeks. Youth assigned to the comparison/control waitlist group were contacted bi-weekly by the group therapist in order to monitor any changes, escalations, and/or life events which required immediate intervention. After the 10-week waiting period, all children and parents in Group B were provided with the 10-week *I Feel Better Now! Program* and followed the same process as Group A.

Therapists completed a Fidelity of Treatment Checklist, which assured that treatment was consistent with the trauma treatment model across all groups with 100% compliance. A Life Events Checklist was also gathered for each child to track recent traumatic events.

Some gains that were seen in Group B (waitlist/comparison group) can be attributed to the fact that Wayne State University's Human Investigations Committee dictated that all subjects, due to their age, have brief contact on a bi-weekly basis during their waitlist period to ensure that intervention was provided if a child was in a crisis situation. It can be hypothesized that this attention had a positive impact on children who demonstrated gains in some categories. However, the waitlist group did not see statistically significant improvement until they completed this treatment program. This demonstrates that it was the treatment program that produced these remarkable, statistically significant gains. The

*CAQ*, which only measures trauma symptoms showed no reduction in trauma symptoms during the waitlist period while the other tools showed some improvement in non-trauma related scales.

Overall, the children who participated in the *I Feel Better Now! Program* demonstrated outstanding statistically significant improvements including reductions in trauma symptoms and psychological, emotional and behavioral problems supported by ANOVA analysis of pre, post, 3-month and 6-month follow-up data of all three subscales administered. TLC's *CAQ* definitively demonstrated outstanding statistically significant (.01) reductions in all three domains of post-traumatic stress symptoms – arousal, avoidance and reexperiencing. The *TSCC-A* definitively demonstrated outstanding statistically significant (.01) reductions for anxiety, depression, anger and dissociation scales. All symptoms as measured by the checklist showed outstanding statistically significant (.01) reductions of trauma symptoms. The *CBCL* definitively demonstrated outstanding improvements/reductions of symptoms and behaviors for the withdrawn/depressed, somatic complaints, social problems, thought problems, rule-breaking behavior, aggressive behavior, activities, social interactions and total competence scales. ( $p = < .01$ ).

Because the gains from pre-intervention to post-intervention were so remarkably significant, there was little additional improvement in gains from post-intervention to 3 and 6-month follow-up. However, for the period between post-test and follow-up gains made in treatment were largely maintained. The 3-month and 6-month follow-up data indicates maintained gains across all areas measured by the *CAQ*, *TSCC*, and *CBCL*. Further improvement occurred during the follow-up period in the aggressive behavior, internalizing behavior, and externalizing behavior scales, all of which showed additional statistically significant reductions. Small declines in gains with a few children at the 3-month follow-up, none of which however were statistically significant may be attributed to the fact that much of the 3-month follow-up data was collected during the summer break when children were away from their school environment with less exposure to structured activity. In addition some children experienced additional traumatizing life events during this time. 12-month follow-up data will be collected Fall 2008.

The results of this randomized, controlled trial of this treatment model titled, *I Feel Better Now! Program* support its effectiveness and demonstrate that sensory intervention can in fact produce remarkable outcomes with multiply traumatized children. Given this research along with similar remarkably statistically significant gains demonstrated by TLC's evidence-based research with at-risk, adjudicated youth, TLC has now demonstrated that our sensory-based interventions are indeed appropriate and effective with children and adolescents 6-18 years of age. (TLC's Structured Sensory Therapy (SITCAP-ART) for Traumatized Adjudicated Adolescents in Residential Treatment evidence-based research article can be found at [www.tlcinst.org](http://www.tlcinst.org))