

SITCAP-ART

SITCAP-ART (Trauma Intervention Program for Adjudicated and At-Risk Youth) is a program for traumatized adolescents 13-18 years old who are on probation for delinquent acts. These youth, who are court ordered to attend the program, are at risk for problems including dropping out of school, substance abuse, and mental health issues. SITCAP-ART is intended to reduce their symptoms of posttraumatic stress disorder and other mental health-related responses to traumatic experiences.

SITCAP-ART--a modification of Structured Sensory Intervention for Traumatized Children, Adolescents and Parents--is based on structured sensory therapy, integrating sensory-based activities and cognitive-reframing strategies. The approach is grounded in the understanding that trauma is a sensory experience; traumatic memories are experienced at a sensory level and must be reactivated in a safe environment in order to be moderated and tolerated with a sense of power and feeling of safety. The program provides structured activities for externalizing these traumatic memories in concrete and narrative forms. Discussions about the traumatic experience, along with sensory-based activities such as drawing, imagery, and relaxation, enable the adolescent to create language (called a trauma narrative) for his or her experience. Cognitive reframing strategies are then used to improve resiliency and help the adolescent begin to manage and make sense of the traumatic experience.

Offered in outpatient and residential treatment settings, SITCAP-ART is manualized and consists of 10 or 11 individual and group sessions. These 75-minute sessions are typically delivered over 10-12 weeks. Therapists must have a master's-level education and a minimum of 1 year of group facilitation experience with adjudicated adolescents, and they must be certified in the program or be working under the direction of a certified supervisor.

Descriptive Information

Areas of Interest	Mental health treatment
Outcomes	Review Date: August 2010 1: Trauma-related symptoms 2: Internalizing and externalizing behaviors
Outcome Categories	Mental health Social functioning Trauma/injuries
Ages	13-17 (Adolescent) 18-25 (Young adult)
Genders	Male Female
Races/Ethnicities	Black or African American White Race/ethnicity unspecified
Settings	Residential Outpatient
Geographic Locations	Urban Suburban
Implementation History	In 2006, SITCAP-ART was field tested. Currently, 30 known sites are implementing the program across the country. The developer estimates that more than 600 participants have received SITCAP-ART to date.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No

Adaptations	No population- or culture-specific adaptations of the intervention were identified by the developer.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	IOM prevention categories are not applicable.

Quality of Research

Review Date: August 2010

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Raider, M. C., & Steele, W. (2009). Evaluation study and evidence based research: Structured sensory intervention for children, adolescents and parents. In *Structured Sensory Interventions for Traumatized Children, Adolescents and Parents (SITCAP): Evidence based interventions to alleviate trauma*. New York: Edwin Mellen Press.

Raider, M. C., & Steele, W. (2009). Structured sensory therapy (SITCAP-ART) for traumatized adjudicated adolescents in residential treatment. *National Social Science Association Journal*, 32(1), 111-121.

Raider, M. C., Steele, W., Dellilo-Storey, M., Jacobs, J., & Kuban, C. (2008). Structured sensory therapy (SITCAP-ART) for traumatized adjudicated adolescents in residential treatment. *Residential Treatment for Children and Youth*, 25(2), 167-185.

Supplementary Materials

Fidelity Checklist samples

Jacobs, J. (2006). Traumatized adjudicated and at-risk children: Adaptation of TLC's structured sensory intervention program for children, adolescents and parents. Preliminary outcomes. Retrieved from <http://www.tlcinst.org/preliminary.html>

Outcomes

Outcome 1: Trauma-related symptoms

Description of Measures	<p>Trauma-related symptoms were assessed using two measures:</p> <ul style="list-style-type: none"> • Trauma Symptom Checklist for Children (TSCC), a standardized self-report measure of posttraumatic and related symptoms for children ages 7-17 years. The version of the instrument used in this study evaluates five symptom domains: anxiety, depression, anger, posttraumatic stress, and dissociation. Dissociation has two subscales: overt dissociation and fantasy. • Child and Adolescent Questionnaire (CAQ), a 35-item self-report measure of posttraumatic stress symptoms as specified in the DSM-IV. The CAQ consists of three scales: reexperiencing of the traumatic event, avoidance of stimuli associated with the traumatic event, and symptoms of arousal due to the traumatic event.
Key Findings	<p>Participants were randomized to the intervention group or to a wait-list control group. From pre- to posttest:</p> <ul style="list-style-type: none"> • As measured by the TSCC, the intervention group had a significant reduction in anxiety ($p < .05$), anger ($p < .05$), posttraumatic stress ($p < .01$), and overt dissociation ($p < .05$). The control group did not achieve a statistically significant improvement as measured by any of the TSCC scales or subscales. • As measured by the CAQ, the intervention group had a significant reduction in reexperiencing of the traumatic event, avoidance of stimuli associated with the traumatic event, and symptoms of arousal due to the traumatic event (all p values $< .01$). The control group did not achieve a statistically significant improvement as measured by any of the CAQ scales.
Studies Measuring Outcome	Study 1

Study Designs	Experimental
Quality of Research Rating	2.3 (0.0-4.0 scale)

Outcome 2: Internalizing and externalizing behaviors

Description of Measures	Internalizing and externalizing behaviors were assessed using the Youth Self Report (YSR). The YSR is a standardized self-report measure that assesses problem behaviors in two summary domains--internalizing and externalizing behaviors--and in total behavior problems. The measure also includes eight symptom subscales: anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior.
Key Findings	Participants were randomized to the intervention group or to a wait-list control group. From pre- to posttest, the intervention group had a significant reduction in internalizing behaviors ($p < .05$), externalizing behaviors ($p < .01$), and total behavior problems ($p < .05$). The intervention group also had a significant reduction in problems as measured by the following symptom subscales: anxious/depressed, withdrawn/depressed, thought problems, and attention problems (all p values $< .05$) and rule-breaking behavior ($p < .01$). The control group did not achieve a statistically significant improvement as measured by any of the YSR scales or subscales.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.5 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	13-17 (Adolescent) 18-25 (Young adult)	60.9% Male 39.1% Female	82.6% White 13% Black or African American 4.3% Race/ethnicity unspecified

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Trauma-related symptoms	3.3	3.2	2.0	2.0	2.0	1.5	2.3
2: Internalizing and externalizing behaviors	3.8	4.0	2.0	2.0	2.0	1.5	2.5

Study Strengths

The instruments have good reliability, and each demonstrates some form of validity. The therapist implementing the intervention was trained and certified and conducted all sessions with all participants.

Study Weaknesses

Intervention fidelity was self-reported by the therapist and involved no external validation that the intervention was delivered as intended. Of the 23 youth recruited to participate, 5 (22%) dropped out of the study, a high rate given the study's small sample size. In addition, TSCC and CAQ scores for those who dropped out of the study were lower on average than scores for those who completed the study. Data suggest that randomization may not have been effective; for example, on some subscales, the intervention and control groups had what appear to be significantly different baseline scores. The basic analyses that were conducted were not appropriate for inferring relationships between the intervention and outcomes. The analyses did not compare the changes in the intervention group over time with the changes in the control group over time.

Readiness for Dissemination

Review Date: August 2010

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Kuban, C., & Steele, W. (2007). Trauma informed care--50 frequently asked questions about trauma intervention: A practitioner's guide. Grosse Pointe Woods, MI: National Institute for Trauma and Loss in Children.

National Institute for Trauma and Loss in Children. (n.d.). Children of trauma: Tools to help the helper [DVD]. Grosse Pointe Woods, MI: Author.

Program Web site, <http://www.starrtraining.org/tlc>

Steele, W. (1999). What parents need to know: Help for parents of grieving & traumatized children. Grosse Pointe Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W. (2003). A trauma is like no other experience. Grosse Pointe Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W. (n.d.). Children in trauma [PowerPoint slides]. Grosse Pointe Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W. (n.d.). Structured sensory interventions [PowerPoint slides]. Grosse Pointe Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W. (n.d.). Trauma informed assessment [PowerPoint slides]. Grosse Pointe Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W., & Jacobs, J. (2007). Structured Sensory Interventions for Traumatized Children, Adolescents and Parents: At-risk adjudicated treatment program, manual. Grosse Pointe Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W., & Jacobs, J. (2007). Structured Sensory Interventions for Traumatized Children, Adolescents and Parents: At-risk adjudicated treatment program, workbook. Grosse Pointe Woods, MI: National Institute for Trauma and Loss in Children.

Steele, W., & Raider, M. (2009). Structured Sensory Interventions for Traumatized Children, Adolescents and Parents (SITCAP): Evidence based interventions to alleviate trauma. Lewiston, NY: Edwin Mellen Press.

Other program materials:

- About the Program
- Training syllabi
- Fidelity Checklist samples

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
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Dissemination Strengths

Well-organized and easy-to-follow program materials thoroughly address the clinical aspects of SITCAP-ART through extensive information about the research on trauma-informed care, a description of the rationale for the various program practices, and many case examples. The program manual is scripted and includes prompts for responding to participants' common questions and statements. There are many resources to assist the clinician in interpreting drawings, which are a foundational aspect of this program. Handouts are nicely formatted and are easily reproduced. Extensive training and support resources include a series of training sessions that deal with specific aspects of trauma and provide a practical guide for treating adolescents who have experienced trauma. Training is offered in a variety of formats (i.e., online, face-to-face, video, podcast). The program Web site, which is easy to navigate, provides a wealth of current information on training and consultation opportunities and resources, and it offers accreditation membership to the National Institute for Trauma and Loss in Children for networking with other professionals. Use of specific standardized measurement instruments is recommended to assess clinical outcomes. Fidelity checklists are provided to ensure the correct delivery of each individual or group session. Five levels of individual certifications provide increasing levels of quality assurance.

Dissemination Weaknesses

Program materials offer very little guidance about actual day-to-day implementation issues and do not define the qualifications of individuals who are eligible to provide SITCAP-ART services or make clear whether these individuals must be certified to implement the program. Supervision services can be purchased, but it is not clear from the materials provided what is included in these services. Limited guidance is provided for administering the suggested outcome measurement tools and interpreting the data derived from their use.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
SITCAP-ART manual and workbook	\$125 per set	Yes
Structured Sensory Interventions for Traumatized Children, Adolescents and Parents (SITCAP): Evidence Based Interventions To Alleviate Trauma (book)	\$45	No
Children of Trauma: Tools To Help the Helper (DVD)	\$65	No
Trauma Informed Care--50 Frequently Asked Questions About Trauma Intervention: A Practitioner's Guide (book)	Free	No
Three booklets: What Parents Need To Know, A Trauma Is Like No Other Experience, and You Are Not Alone	\$12 per set, or \$5 each	No
2-day on- or off-site certification training	About \$250 per person	Yes, for the therapist or supervisor
Assorted online courses	\$25-\$100 per person per course	No
eCertification	\$850 per person	No
Unlimited phone and email support	Free	No
Fidelity checklists	Free	No

Additional Information

The workbook may be duplicated.

Replications

No replications were identified by the developer.

Contact Information

To learn more about implementation, contact:

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To learn more about research, contact:

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Consider these [Questions to Ask](#) (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- <http://www.starrtraining.org/tlc>

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