

GENERAL INFORMATION

<p>Treatment Description</p>	<p>Acronym (abbreviation) for intervention: TAP</p> <p>Average length/number of sessions: Session length varies based upon the clinical intervention(s) selected.</p> <p>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): Ethnicity/race factors are considered in terms of the client’s role in the family and community as well as their own level of acculturation and special considerations for treatment and symptom presentation as it relates to culture. Considerations for assessing different cultural groups are included.</p> <p>Trauma type (primary): Child maltreatment</p> <p>Trauma type (secondary): Complex trauma</p> <p>Additional descriptors (not included above): All forms of childhood trauma are addressed within the model.</p>
<p>Target Population</p>	<p>Age range: 0 to 18</p> <p>Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p>Ethnic/Racial Group (include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): TAP can be used with Latinos and other Spanish-speaking populations. The model can also be adapted for use with other ethnic and cultural groups.</p> <p>Other cultural characteristics (e.g., SES, religion): N/A</p> <p>Language(s): English and Spanish</p> <p>Region (e.g., rural, urban): Any</p> <p>Other characteristics (not included above): N/A</p>
<p>Essential Components</p>	<p>Theoretical basis: Developmental, systems, and cognitive-behavioral therapies</p> <p>Key components: Assessment, Triaging Clients, Forming Clinical Hypotheses, Treatment Planning, Evidence-Supported Clinical Interventions.</p>
<p>Clinical & Anecdotal Evidence</p>	<p>Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time). 3</p> <p>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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<p>Clinical & Anecdotal Evidence continued</p>	<p>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Every month satisfaction rates are reported in Chadwick Center reports to team leaders. The Chadwick Center, Satisfaction Report, August 2006, reported satisfaction results for 14 therapists utilizing assessment-based treatment as described in the TAP model. Over 90% of parents reported being mostly to very satisfied in these surveys.</p> <p>Has this intervention been presented at scientific meetings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation(s) from last five presentations: Conradi & Killen-Harvey (2008a) Conradi & Killen-Harvey (2008b) Conradi (2009a). Conradi (2009b). Conradi (2010).</p> <p>Are there any general writings which describe the components of the intervention or how to administer it? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please include citation: Chadwick Center for Children and Families, 2009 Conradi, Kletzka, & Oliver, 2010.</p> <p>Has the intervention been replicated anywhere? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tulsa, OK, Laredo, TX, Minneapolis, MN</p> <p>Other countries? <i>(please list)</i> Toronto, Canada</p> <p>Other clinical and/or anecdotal evidence (not included above): None</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i></p>	<p>Citation</p>
<p>Published Case Studies</p>	<p>1 clinician who used the TAP model with three cases.</p>	<p>Conradi, Kletzka, & Oliver, 2010</p>

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<p>Outcomes</p>	<p>What assessments or measures are used as part of the intervention or for research purposes, if any? Participants are administered a core set of measures based upon the specific site needs. Recommended measures include an adapted Core Clinical Characteristics Form which also serves as an intake form, the Trauma Symptom Checklist for Children, the Child Behavior Checklist for Children, and the UCLA PTSD Reaction Index. Additional measures are included within the model, depending upon the individual needs of the client. Family measures, cultural measures, measures of caretaker functioning, and measures of specific posttraumatic stress symptoms are among the domains assessed via the model.</p> <p>If research studies have been conducted, what were the outcomes? N/A</p>
<p>Implementation Requirements & Readiness</p>	<p>Space, materials or equipment requirements? Access to a variety of assessment measures as well as the ability to score the measures (by hand or electronically) and a locked filing cabinet/storage space for the completed measures.</p> <p>Supervision requirements (e.g., review of taped sessions)? The Clinical Supervisor at the site needs to be trained on the model and actively discuss the model within supervision sessions. As sites are implementing the TAP Model, it is recommended that they receive 3-6 months of consultation as needed on TAP after receiving training on each component (assessment, triage and treatment). Consultation includes case consultation as it pertains to each component of the model.</p> <p>To ensure successful implementation, support should be obtained from: Review of the TAP Manual, the online TAP Training (www.taptraining.net), as well as staff at the Chadwick Center.</p>
<p>Training Materials & Requirements</p>	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. www.taptraining.net</p> <p>How/where is training obtained? The Chadwick Center for Children and Families</p> <p>What is the cost of training? \$1000 per day for up to 15 people.</p> <p>Are intervention materials (handouts) available in other languages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Other training materials &/or requirements (not included above): An electronic database or web-based systems that provides scoring information and feedback from assessment measures can be licensed. Also, a database that tracks clients throughout treatment is recommended, and can be obtained through the trainers.</p>

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<p>Pros & Cons/ Qualitative Impressions</p>	<p>What are the pros of this intervention over others for this specific group <i>(e.g., addresses stigma re. treatment, addresses transportation barriers)?</i></p> <p>This intervention allows the clinician to accurately assess the client’s needs and select the best intervention for the individual client based upon the unique client picture. The model includes factors that are unique to the client’s culture and factors that are unique to the individual apart from their culture.</p> <p>What are the cons of this intervention over others for this specific group <i>(e.g., length of treatment, difficult to get reimbursement)?</i></p> <p>The model itself is complex and for sites to take full advantage of the model, clinicians should be trained in a variety of different evidence-based practices and be open to using assessment measures in their clinical practice.</p> <p>Other qualitative impressions:</p> <p>The Supervisor needs to be trained on the intervention and assessment measures to be able to help clinicians use the model effectively to either triage to an existing evidence-based practice or to utilize the treatment component of the model.</p>
<p>Contact Information</p>	<p>Name: Lisa Conradi, Psy.D.</p> <p>Address: Chadwick Center for Children and Families - Rady Children’s Hospital, 3020 Children’s Way, MC 5131, San Diego, CA 92123</p> <p>Phone number: (858) 576-1700 ext. 6008</p> <p>Email: lconradi@rchsd.org</p> <p>Website: www.taptraining.net</p>
<p>References</p>	<p>Chadwick Center for Children and Families. (2009). <i>Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway (TAP)</i>. San Diego, CA: Author.</p> <p>Conradi, L. (2009a). <i>Pathways to cultural competence: Assessing and treating Latino children and families affected by trauma using the TAP model</i>. A presentation at the National Conference on Child Abuse and Neglect, Sponsored by the Children’s Bureau. Atlanta, GA</p> <p>Conradi, L. (2009b). <i>Assessment-Based Treatment for Traumatized Children: Using the Trauma Assessment Pathway Model (TAP)</i>. An invited presentation at the 2nd Annual Trauma Spectrum Disorders Conference. Sponsored by DCoE, VA, and NIH. Bethesda, MD.</p> <p>Conradi, L. (2010). <i>Creating a Trauma-Informed Treatment Component in your Child Advocacy Center: Strategies for Practitioners and Administrators</i>. A presentation at the National Children’s Alliance Leadership Conference 2010. Washington D.C.</p> <p>Conradi, L., & Killen-Harvey, A. (2008a). <i>Assessment-based treatment for traumatized children: Using the Trauma Assessment Pathway (TAP) Model</i>. A presentation at the 13th International Conference on Violence, Abuse and Trauma. San Diego, CA.</p> <p>Conradi, L. & Killen-Harvey, A. (2008b). <i>A Case Study Using the Trauma Assessment Pathway (TAP) Model</i>. A presentation at the 24th Annual Meeting for the International Society for Traumatic Stress Studies (ISTSS). Chicago, IL.</p> <p>Conradi, L., Kletzka, N.T, & Oliver, T. (2010). A case study using the Trauma Assessment Pathway (TAP) model. <i>Journal of Child and Adolescent Trauma</i>, 3, 1-18.</p>