

GENERAL INFORMATION

<p>Treatment Description</p>	<p>Acronym (abbreviation) for intervention: RRFT</p> <p>Average length/number of sessions: component based, 60-90 minute sessions/ 16-20 sessions (dependent on symptom level of youth)</p> <p>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): RRFT is individualized to the needs, strengths, developmental factors, and cultural background of each adolescent and family. This tailored approach is incorporated throughout all components of treatment.</p> <p>Trauma type (primary): childhood sexual abuse/sexual assault (with 70% of these youth endorsing other forms of trauma as well)</p> <p>Trauma type (secondary): The RRFT model has been evaluated with youth who have experienced physical abuse and assault, exposure to domestic violence, and community violence, as well as child sexual abuse as noted above.</p> <p>Additional descriptors (not included above): RRFT is an integrative approach to addressing the heterogeneous symptoms experienced by trauma-exposed adolescents. This population is at high risk for development of PTSD and other trauma-related mental health problems, substance abuse, and revictimization. RRFT targets a broad range of trauma-related psychopathology (e.g., PTSD, depression) and risk behaviors (substance use/abuse, risky sexual behavior, non-suicidal self-injury (NSSI)). This risk reduction treatment is novel in its integration of these components, given that standard care for trauma-exposed youth often entails treatment of substance use problems separate from treatment of other trauma-related psychopathology.</p>
<p>Target Population</p>	<p>Age range: 13 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): RRFT is not designed for any one specific ethnic/racial group.</p> <p>Other cultural characteristics (e.g., SES, religion): No other characteristics are specifically targeted.</p> <p>Language(s): English-speaking</p> <p>Region (e.g., rural, urban): Rural and urban populations</p> <p>Other characteristics (not included above): history of sexual assault/abuse; current or recent (e.g., past 90 days) substance use and/or presence of empirically-identified risk factors for substance use problems (e.g., substance-using peer group, low parental monitoring)</p>

GENERAL INFORMATION

<p>Essential Components</p>	<p>Theoretical basis: Ecological Systems Theory (Bronfenbrenner), Mowrer's Two-Factor Theory, exposure therapy, cognitive-behavioral therapy, and negative reinforcement theory</p> <p>Key components:</p> <ul style="list-style-type: none"> • Psychoeducation • Coping • Family Communication • Substance Abuse - Early Intervention / Substance Abuse – Treatment • PTSD • Healthy Dating and Sexual Decision Making • Sexual Revictimization Risk Reduction
<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> <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: Annual progress reports from NIDA grant, "Risk Reduction for Drug Use and Sexual Revictimization" (1K23DA018686, PI: Danielson) in Years 2-5 (Contact Dr. Danielson for more information).</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:</p> <p>Danielson, C. K. (Jan, 2012). <i>Risk Reduction through Family Therapy: Targeting Risk for Substance Use and Trauma-Related Psychopathology in Sexually Assaulted Adolescents</i>. Two-part workshop presented at the annual San Diego conference on Child and Family Maltreatment. San Diego, CA.</p> <p>Danielson, C. K., McCart, M., de Arellano, M., White, D., & Resnick, H. (Nov, 2010). <i>The Functional Significance of the Ecology in the Treatment of Traumatized Adolescents: Findings from a Randomized Controlled Trial of RRFT</i>. In C. K. Danielson & M. McCart (Chairs), <i>Innovative Applications of CBT to Diverse Traumatized Youth and Young Adult Populations</i>. Symposium held at the Annual meeting of the Association for Behavior and Cognitive Therapies, San Francisco, CA.</p> <p>Danielson, C. K. & Begle, A. M. (June, 2009). <i>Risk Reduction through Family Therapy (RRFT)</i>. Advanced Training Pre-Meeting Institute at the annual colloquium of APSAC, Atlanta, GA.</p>

GENERAL INFORMATION

<p>Clinical & Anecdotal Evidence continued</p>	<p>Danielson, C. K. & McCart, M. (Jan., 2008). <i>Risk Reduction through Family Therapy</i>. Two-part workshop presented at the annual San Diego conference on Child and Family Maltreatment. San Diego, CA.</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:</p> <p>Danielson, C. K. (in press). <i>Risk Reduction through Family Therapy</i>. In B. Reece; J. Sargent; & R. Hanson (Eds). <i>Child Abuse Treatment: Common Ground for Mental Health, Medical and Legal Professionals</i>, 2nd edition. Johns Hopkins University Press.</p> <p>Danielson, C. K., McCart, M., Walsh, K., de Arellano, M. A., White, D., & Resnick, H. S. (2012). Reducing substance use risk and mental health problems among sexually assaulted adolescents: A pilot randomized controlled trial. <i>Journal of Family Psychology</i>, 26, 628-635.</p> <p>Danielson, C. K., McCart, M., de Arellano, M. A., Macdonald, A., Silcott, L., & Resnick, H. (2010). Risk reduction for substance use and trauma-related psychopathology in adolescent sexual assault victims: Findings from an open trial. <i>Child Maltreatment</i>, 15, 261-268. PMID: PMC3105119</p> <p>Danielson, C. K. (2007). <i>Risk Reduction through Family Therapy (RRFT)</i>. Treatment Manual. National Crime Victims Research & Treatment Center, Medical University of South Carolina.</p> <p>Has the intervention been replicated anywhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Other countries? (please list) N/A</p> <p>Other clinical and/or anecdotal evidence (not included above): N/A</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown (by gender, ethnicity, other cultural factors)</p>	<p>Citation</p>
<p>Pilot Trials/Feasibility Trials (w/o control groups)</p>	<p>N=10</p> <p>By gender: 0 males, 10 females</p>	<p>Danielson, C. K., McCart, M., de Arellano, M. A., Macdonald, A., Silcott, L., & Resnick, H. (2010). Risk reduction for substance use and trauma-related psychopathology in adolescent sexual assault victims: Findings from an open trial. <i>Child Maltreatment</i>, 15, 261-268. PMID: PMC3105119</p>

GENERAL INFORMATION

<p>Randomized Controlled Trials</p>	<p>a. N=30 By gender: 3 males, 27 females By ethnicity: 15 African American, 10 Caucasian, 2 Bi-racial, 2 Hispanic, 1 Native American</p> <p>b. Ongoing 2012-2017 RCT</p>	<p>a. Danielson, C. K., McCart, M., Walsh, K., de Arellano, M. A., White, D., & Resnick, H. S. (2012). Reducing substance use risk and mental health problems among sexually assaulted adolescents: A pilot randomized controlled trial. <i>Journal of Family Psychology</i>, 26, 628-635.</p> <p>b. NIDA: R01 DA31285-01 Clinicaltrials.gov: NCT01751035</p>
<p>Outcomes</p>	<p>What assessments or measures are used as part of the intervention or for research purposes, if any?</p> <p>Chart Review of Information from Intake Interview for Trauma; Timeline Followback (TLFB); Urine Drug Screen; Computerized Diagnostic Interview Schedule for Children (CDISC); Family Environment Scale (FES); Alabama Parenting Questionnaire (APQ) – child and parent versions; Children’s Attributional Style Questionnaire (CASQ); K-UPPS Impulsive Behavior Scale; Parent Happiness with Youth Scale/Youth Happiness with Parent Scale; Hopelessness Scale; Emotion Regulation Questionnaire (ERQ); Drinking Motives Questionnaire (DMQ); UCLA-PTSD Index for DSM-IV; Child Depression Inventory (CDI); Behavioral Assessment System for Children (BASC) Internalizing and Externalizing scales; Sexual Risk Behavior Scale; RRFT Fidelity Checklist; Client Satisfaction Questionnaire</p> <p>If research studies have been conducted, what were the outcomes?</p> <p>Danielson, C. K., McCart, M., Walsh, K., de Arellano, M. A., White, D., & Resnick, H. S. (2012). Reducing substance use risk and mental health problems among sexually assaulted adolescents: A pilot randomized controlled trial. <i>Journal of Family Psychology</i>, 26, 628-635.</p> <ul style="list-style-type: none"> • From pre- to post- treatment, RRFT significantly outperformed TAU (p < .05) in: <ul style="list-style-type: none"> • Reducing substance use • Reducing specific substance abuse risk factors • Improving family functioning (decreasing family conflict and increasing cohesion) • Decreasing adolescent PTSD (reported by the parent) • Decreasing depression and BASC internalizing symptoms • RRFT and TAU showed similar reductions in adolescent-reported PTSD and BASC Externalizing scales. • There were no outcomes on which TAU significantly outperformed RRFT. 	

<p>Implementation Requirements & Readiness</p>	<p>Space, materials or equipment requirements? Treatment sessions can be conducted office-based or in the community.</p> <p>Supervision requirements (e.g., review of taped sessions)? In-person training by an RRFT trainer and aid in implementation with an RRFT consultant. Trained RRFT supervisors review RRFT supervision forms completed by therapists prior to supervision.</p> <p>To ensure successful implementation, support should be obtained from: Carla Kmett Danielson, Ph.D., National Crime Victims Research & Treatment Center, Department of Psychiatry & Behavioral Sciences, Medical University of South Carolina</p>
<p>Training Materials & Requirements</p>	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. Danielson, C. K. (2007). <i>Risk Reduction through Family Therapy (RRFT)</i>. Treatment Manual. National Crime Victims Research & Treatment Center, Medical University of South Carolina.</p> <p>How/where is training obtained? Contact Dr. Danielson (see contact info below).</p> <p>What is the cost of training? Contact Dr. Danielson.</p> <p>Are intervention materials (handouts) available in other languages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, what languages? N/A</p> <p>Other training materials &/or requirements (not included above): Completion of TF-CBT training is highly recommended.</p>
<p>Pros & Cons/ Qualitative Impressions</p>	<p>What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)? Addresses a wide range of interrelated symptoms within one intervention (i.e., symptoms and risk behaviors are not treated in isolation of each other); addresses traditional barriers associated with this difficult-to-reach population; tailored to individual adolescent and family based on family's goals for treatment, needs, and strengths; only exposure-based therapy that addresses both PTSD symptoms and substance use/abuse in adolescents with empirical support to date.</p> <p>What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)? Treatment can last several months (4-6 months) depending on the adolescent</p> <p>Other qualitative impressions: N/A</p>

GENERAL INFORMATION

<p>Contact Information</p>	<p>Name: Carla Kmett Danielson, Ph.D.</p> <p>Address: 67 President Street, MSC 861, Suite 207; Institute of Psychiatry, Medical University of South Carolina; Charleston, SC 29425</p> <p>Phone number: 843-792-3599</p> <p>Email: danielso@musc.edu</p> <p>Website: http://academicdepartments.musc.edu/ncvc/about_us/faculty/danielson_bio%2013.htm</p>
<p>References</p>	<p>Danielson, C. K. (in press). <i>Risk Reduction through Family Therapy</i>. In B. Reece; J. Sargent; & R. Hanson (Eds). <i>Child Abuse Treatment: Common Ground for Mental Health, Medical and Legal Professionals</i>, 2nd edition. Johns Hopkins University Press.</p> <p>Danielson, C. K. (2007). <i>Risk Reduction through Family Therapy (RRFT)</i>. Treatment Manual. National Crime Victims Research & Treatment Center, Medical University of South Carolina.</p> <p>Danielson, C. K., Begle, A. M., Ayer, L., & Hanson, R. H. (2012). Psychosocial Treatment of Traumatized Juveniles (pgs. 467-484). In E. Grigorenko (Ed.). <i>Handbook of Juvenile Forensic Psychology and Psychiatry</i>. New York: Springer.</p> <p>Danielson, C. K., de Arellano, M. A., Ehrenreich, J. Bennett, S. M., Cheron, D. M., Jakle, K. R., Landon, T. M., Suárez, L. M., & Trosper, S. E. (2006). Identification of high-risk behaviors among traumatized adolescents and implications for empirically-supported psychosocial treatment. <i>Journal of Psychiatric Practice</i>, 12, 364-383.</p> <p>Danielson, C. K., McCart, M., Walsh, K., de Arellano, M. A., White, D., & Resnick, H. S. (2012). Reducing substance use risk and mental health problems among sexually assaulted adolescents: A pilot randomized controlled trial. <i>Journal of Family Psychology</i>, 26, 628-635.</p> <p>Danielson, C. K., McCart, M., de Arellano, M. A., Macdonald, A., Silcott, L., & Resnick, H. (2010). Risk reduction for substance use and trauma-related psychopathology in adolescent sexual assault victims: Findings from an open trial. <i>Child Maltreatment</i>, 15, 261-268. PMID: PMC3105119</p>