

Treatment Models for Poly-victimization

“trauma-informed care” to “victim-informed care” (Hamby & Grych, 2013)

- ▶ Poly-victimization affects a variety of areas of functioning
- ▶ Need to assess not only trauma symptoms but other impacts
- ▶ Treatment plans need to address range of consequences of victimization: for example, social support network building, self concept.

Key Components of Poly-victimization Approach to Treatment

- ▶ Working with families rather than focusing only on children
- ▶ Engaging and planning interventions across multiple contexts including schools
- ▶ Multi-pronged treatment approaches that may require a longer time frame and that are developmentally specific
- ▶ Looking ahead to prevention of future victimization

Promising Examples

- ▶ Child-Parent Psychotherapy (CPP) (Lieberman, Van Horn, & Ippen, 2005)
- ▶ Integrative Treatment of Complex Trauma (Briere & Scott, 2006)
- ▶ Trauma Focused Cognitive Behavior Therapy (Cohen, Mannarino, & Deblinger, 2006)
- ▶ Structured Psychotherapy for Adolescents Responding to Chronic Stress (DeRosa, R. & Pelcovitz, 2008)

Recommendations

- ▶ Treatment plans should address home, school, and neighborhood to make sure that safety is built in all areas of the child's life.
- ▶ Treatment goals across multiple settings and multiple relationships (peer relationships not just parent-child relationships)
- ▶ Expanding examples for skill building or structured exercises beyond one form of victimization.

Recommendation (cont'd.)

- ▶ Formally incorporate a child centered approach into treatment models so that even novice providers will be aware of the need to address the full spectrum of relationships
- ▶ Collaboration with adults across these the many contexts of a child's life.

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- ▶ Treatment goals should focus not only on decreasing mental health symptoms but also on creating new opportunities for children to build important developmental skills and strengths that have been suppressed by the burden of victimization they are carrying.

Conclusion

- ▶ Much of this work is starting to be done, perhaps by many of you.
- ▶ We need to make this approach more widespread and systematic
- ▶ Include it more formally and consistently in our training programs and clinical supervision