

**Practice Elements for Child Trauma Interventions (n=54)**

*Category = target (e.g., person, context, or process) of the intervention technique*

<b>Category</b>	<b>Domain</b>	<b>Practice Elements (content)</b>	<b>Definition</b>
Elements addressing any intervention participant	Engagement / Working alliance	1.1 Build working alliance / rapport	Interventions to promote therapeutic working alliance / engagement with child or family, including empathic listening, praise, empowering child or family as agent of change, aligning with child or family goals.
Elements addressing any intervention participant	Engagement / Working alliance	1.2 Goal setting (overall)	Clarify specific goals and develop commitment from child or family to attempt to achieve those goals.
Elements addressing any intervention participant	Engagement / Working alliance	1.3 Agenda setting (in session)	Articulate and implement a specific agenda for each session, identify other issues.
Elements addressing any intervention participant	Engagement / Working alliance	1.4 Supportive listening	Reflective discussion with the child or family designed to demonstrate warmth, empathy, and positive regard, without suggesting solutions or alternative interpretations.
Elements addressing any intervention participant	Engagement / Working alliance	1.5 Motivational enhancement	Exercises designed to increase readiness to participate in additional therapeutic activity or programs. These can involve cost-benefit analysis, persuasion, or a variety of other approaches. This is distinct from relationship/rapport building, which aims to increase the quality of the relationship between the family and the therapist.

<b>Category</b>	<b>Domain</b>	<b>Practice Elements (content)</b>	<b>Definition</b>
Child	Psychoeducation	2.1 Psychoeducation (with child) about trauma	Psychoeducation that aims to help child understand posttraumatic reactions (i.e., make sense of their symptoms), validate and normalize and to become a collaborative partner in treatment.
Child	Psychoeducation	2.2 Psychoeducation (with child) that is not trauma specific	Providing psychoeducation about related relationship or mental health / well-being topics - not specific to trauma.
Child	Affect / Emotional processing	2.3 Feelings identification	Work on emotion knowledge and feeling identification.

Category	Domain	Practice Elements (content)	Definition
Child	Affect / Emotional processing	2.4 Emotional expression / communication	Work on communicating one's emotions to others effectively.
Child	Affect / Emotional processing	2.5 Emotional regulation skills	Work on emotion regulation and self-monitoring, including interpersonal / emotional safety skills; help child establish techniques to use in the moment when trauma responses are too much; e.g. ways to calm self, "stop signal" for conversations / interactions.
Child	Affect / Emotional processing	2.6 Grief / loss processing	Processing feelings associated with a loss of a significant person.
Child	Cognitive processing	2.7 Psychoeducation – thoughts / feelings / behaviors model	Teaching child about connections between thoughts, feelings, and behaviors (e.g., A-B-C model).
Child	Cognitive processing	2.8 Developing a trauma narrative (with child)	Engage child in talking, writing, and/or drawing about their experience to create detailed description of thoughts, feelings / emotions, physical sensation, behaviors that occurred before, during, and after the trauma.
Child	Cognitive processing	2.9 Identify & challenge maladaptive / negative thoughts	To identify maladaptive thoughts and beliefs using cognitive distortions and to learn methods for challenging the validity of maladaptive thoughts and beliefs using different techniques.
Child	Cognitive processing	2.10 Generate & practice alternative thoughts	Practicing alternative explanations that are rational and positive to replace the cognitive distortions that have been adopted over time.
Child	Cognitive processing	2.11 Rumination focused cognitive work	Techniques designed to tackle ruminative response to the trauma (i.e. preoccupation with the meaning and causes of the trauma).
Child	Exposure	2.12 Reducing avoidance behaviors	Psychoeducation and in-session practice activities that aim to decrease avoidance behaviors.
Child	Exposure	2.13 Imaginal exposure	Explicit exposure activity (in or outside of treatment session) in which child is asked to focus specifically on writing, drawing, recounting, or re-reading their traumatic experiences or playing.
Child	Exposure	2.14 In-vivo exposure	Explicit exposure activity (in or outside of treatment session) in which child is asked to be physically present with elements of their traumatic experience, usually via a graded exposure hierarchy.
Child	Bilateral stimulation	2.15 Bilateral stimulation with negative / positive cognition and traumatic event	Bilateral stimulation (e.g., eye movements, tactile or visual stimulation, etc.) as explicit intervention element.

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Child	Coping skills	2.16 Positive activity scheduling	Having child participate in specific activities outside of treatment sessions with the goal of promoting or maintaining involvement in satisfying and enriching experiences.
Child	Coping skills	2.17 Mind-body techniques - relaxation, breathing	Teaching concrete skills like relaxation, breathing techniques, body scan to child.
Child	Coping skills	2.18 Problem solving	Techniques, discussions, or activities designed to bring about solutions to targeted problems, usually with the intention of imparting a skill for how to approach and solve future problems in a similar manner.
Child	Coping skills	2.19 Resilience building and skills	Activities that aim to build and promote child competencies, talents, and accurate positive self-regard.
Child	Coping skills	2.20 Social support skills training and enhancement	Build interpersonal competencies and activities with child to promote use of informal supports in their homes and communities; e.g., cultural or faith-based groups, neighbors and friends, etc.
Child	Non-verbal or Expressive Practices	2.21 Expressive therapies	Use of play, dance / movement, or art as a primary strategy in therapeutic activities. This may include the use of these modes as a strategy for clinical interpretation.
Child	Non-verbal or Expressive Practices	2.22 Mindfulness / Meditation	Use of mindfulness or meditation practices.
Child	Non-verbal or Expressive Practices	2.23 Massage therapy	Use of massage as a primary strategy in therapeutic activities.
Child	Safety skills	2.24 Personal safety skills (physical safety)	Training for child in how to maintain personal safety of physical self, e.g. education about attending to one's sense of danger, body ownership issues (e.g., "good touch-bad touch"), risks involved with keeping secrets, how to ask for help when feeling unsafe, and identification of other high-risk situations for trauma or abuse.
Child	Other practices	2.25 Assessment (conducted with child) as an intervention element	Assessment activities that have an explicit intervention aim; i.e., assessment process or results are used to change a hypothesized mechanism of symptom development or maintenance.
Child	Other practices	2.26 Insight building and meaning-making activities	Activities designed to help child construct meaning and greater self-understanding regarding traumatic event(s) and their impact within life story or context.
Child	Other practices	2.27 Group cohesion	In context of group treatment delivery, enhancing cohesion and peer support amongst group members as therapeutic strategy.

<b>Category</b>	<b>Domain</b>	<b>Practice Elements (content)</b>	<b>Definition</b>
Parent / Family	Psychoeducation	3.1 Psychoeducation (with parent) about trauma	Psychoeducation that aims to help parent understand posttraumatic reactions (i.e., make sense of their symptoms), validate and normalize and to become a collaborative partner in treatment.
Parent / Family	Psychoeducation	3.2 Psychoeducation (with parent) that is not trauma specific	Psychoeducation (with parent) about related relationship or mental health / well-being topics - not specific to trauma.
Parent / Family	Psychoeducation	3.3 Psychoeducation - Developmental guidance	Developmental trajectory guidance for parents to help parents match parenting practices to child needs.
Parent / Family	Parenting practices	3.4 Parent coping / self-regulation skills	Focusing on parents' ability to regulate their own emotions, increase awareness and build appropriate responses to child symptoms / behavior.
Parent / Family	Parenting practices	3.5 Training parents in child behavior management	Training parents in positive systems of behavior management via selective reinforcement, logical / natural consequences, points or token systems.
Parent / Family	Attachment/ Strengthening relationships	3.6 Co-creation of a trauma narrative between parent and child	Work with parent and child (via verbal discussion or play) to develop a shared understanding of child thoughts, feelings, behaviors related to the trauma.
Parent / Family	Attachment/ Strengthening relationships	3.7 Promoting parent/caregiver - child attunement and communication	Activities to promote parent-child emotional attunement and communication, e.g. therapeutic activities in conjoint session (including play, for younger children) to build parent-child attunement, or training child & parent in how to communicate more effectively with each other.
Parent / Family	Attachment/ Strengthening Relationships	3.8 Interventions to strengthen family structure, flexibility, communication	Interventions to assist the family in handling current development tasks effectively, e.g., reorganize family system to enhance functioning, training family members (beyond child & parents/caregivers) in how to communicate more effectively with each other.
Parent / Family	Other practices	3.9 Assessment (conducted with parent) as an intervention element	Assessment activities that have an explicit intervention aim; i.e., assessment process or results are used to change a hypothesized mechanism of symptom development or maintenance.
Parent / Family	Other practices	3.10 Individual therapy for parent/caregiver	Providing or referring / coordinating with therapy for parent(s) addressing parent(s)' own issues separate from child's issues.

Category	Domain	Practice Elements (content)	Definition
Broader context	Attention to social context	4.1 Psychoeducation (with teacher or school staff) about trauma	Psychoeducation that aims to help school personnel understand posttraumatic reactions (i.e., make sense of child's symptoms), validate and normalize and to become a support / collaborative partner for child in school setting.
Broader context	Attention to social context	4.2 Advocacy	Advocating for child or family needs beyond MH that are likely to impact child outcomes and well-being.
Broader context	Attention to social context	4.3 Case management or collaborative intervention service planning	Direct engagement with child and/or family members to address broad practical needs for child or family well-being, and collaboration with other service systems regarding child needs.
Broader context	Attention to social context	4.4 Specific cultural / religious practices	Inclusion of or interaction with culturally important values, rituals, or persons / systems.

Category	Domain	Practice Elements (content)	Definition
Process	Access / Availability	5.1 Access promotion (location, transport, language barriers)	Any efforts to make treatment services more convenient and accessible; e.g., co-location with other services, on-site child care, taxi vouchers, bus tokens, rides, language support.
Process	Access / Availability	5.2 Addressing practical barriers to treatment	Review and address potential barriers to treatment at the outset of treatment and throughout treatment; Help child / family identify specific practical concerns and problem solve to address these concerns.
Process	Assessment / Monitoring	5.3 Initial assessment of child symptoms / context	Formal clinical assessment of child history & symptoms / functioning; and of relevant social context.  (Note - distinct from assessments conducted solely for research study)
Process	Assessment / Monitoring	5.4 Monitoring prior to session	Use of a standard measure prior to each session to assess client's current level of symptoms/ distress, e.g., use of Subjective Units of Disturbance Scale (SUDS) "How disturbing does it feel to you now?"  (Within intervention model / manual - not solely for research study purposes)
Process	Assessment / Monitoring	5.5 Monitoring in session	Standard measure of client symptoms / distress DURING sessions – e.g., use of Subjective Units of Disturbance Scale (SUDS) "How disturbing does it feel to you now?"  (Within intervention model / manual - not solely for research study purposes)

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Process	Assessment / Monitoring	5.6 Re-evaluation (post-termination)	Planned assessment after termination to evaluate whether client's positive results have been maintained.  (Within intervention model / manual - not solely for research study purposes)
Process	Activities outside session	5.7 Assign homework	Utilize homework (worksheets, etc.) with client.
Process	Relapse prevention	5.8 Termination rituals / Interventions	Practices at end of treatment designed to mark completion / progress and prevent relapse; i.e., consolidate skills, anticipate future challenges, to minimize the chance that gains will be lost in the future.