

Expanding Access to Evidence-Based Treatment for Children Exposed to Trauma

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BACKGROUND

■ Connecticut

- Growing awareness about **child traumatic stress**
- Desire among **key stakeholders** to create a trauma-informed system of care
- Desire to implement evidence-based practices in outpatient **community-based settings**

DCF CHANGE INITIATIVES

PRACTICE MODEL

CROSS CUTTING THEMES

Family
Centered

Trauma
Informed

Neuroscience
of childhood

Community
Partnerships

Management &
Accountability

Workforce
Development

ACTIVITIES

ACF
Trauma
Grant

Differential
Response
Model

Family
Teaming
Model

Rightsizing
Congregate
Care

Foster Care
Fostering
the Future

Performance
Contracting &
Outcomes

Integration of Trauma Screening with Federal/State Mandates

- **Supports the Strengthening Families Practice Model**
- **Advances the federal ACF goals of safety, permanency and well-being**
 - Safety - Children with emotional or behavioral disruptions are at significantly higher risk of maltreatment.
 - Permanency – Children that experience traumatic stress reactions are at higher risk of placement disruption and lack of stability in other areas of their lives.
 - Well-Being – Psychological safety, emotional safety, health and well-being are equally important as physical safety .
- **Supports achievement of the Program Improvement Plan under the Child and Family Services Review Program**
 - Priority 3.3 Improve foster children's connections to parents and communities
 - Priority 3.3.2 Assist foster children in establishing and maintaining connections
- **Supports compliance of Positive Outcomes for Children (Juan F. Exit Plan)**
 - Outcome 3 - Accurate, complete assessments
 - Outcome 15 – Child's mental (and physical) health needs met
- **Supports compliance with Child and Family Services Improvement and Initiatives Act of 2011 (P. L. 112-34) – Promoting Safe and Stable Families Act (State Plan due 7/1/12)**
 - How to monitor and treat emotional trauma associated with a child's maltreatment and removal from home
- **Serves as a catalyst to assure trauma-informed care**

CHANGING FEDERAL POLICY

Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112-34)

Reauthorization of Promoting Safe and Stable Families (PSSF) includes new language addressing trauma and vulnerable populations:

- State plans shall include an outline of “how health needs identified through screenings will be monitored and treated, *including emotional trauma associated with a child’s maltreatment and removal from home.*”

THE NEW NARRATIVE.... FOCUS ON FAMILY RELATIONSHIPS, CHILD HEALTH AND DEVELOPMENT

❖ Child welfare interventions will focus on the repair or establishment of protective, supportive, and emotionally responsive adult relationships.

❖ Through these emotionally positive and strong, fundamental relationships, children and youth will thrive socially, emotionally, and developmentally in safe, permanent homes.

❖ They will have access to the physical health, mental health, and educational resources necessary for long-term well-being.

- Access to care as early as possible
- Effective treatments that work (research-based)

Adapted from: Bryan Samuels, 2011



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Connecticut Collaborative on Effective Practices for Trauma

THE NEW NARRATIVE...

PARTNERING WITH SYSTEM AGENCIES

- ❖ **To strengthen partnerships between child welfare and mental health systems to create a continuum of trauma-informed care.**
- ❖ **To develop and implement common protocols and frameworks for documenting trauma history, exchanging information, coordinating assessments, and planning and delivering treatment.**
- ❖ **To promote and support family participation in all aspects of planning and care.**

WITH FOCUS ON CENTRAL ROLE OF WELL-BEING



**Well-being
has
multiple
domains
that can be
impacted
by trauma**

Adapted from Impact Youth Services, 2011;
<http://impactyouthservices.com/goals.htm>

ACYF-CB-IM-12-04:
http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

GRANT

- **\$3.2 million 5-year grant**
- **Awarded by the Administration for Children and Families**
- **55 Applicants – CT 1 of 5 States Nationally**
 - Selection based on existing foundation, clear plan, and highly qualified team
- **Focus is two-fold**
 - Enhance the Department's capacity to identify and respond to children who have experienced trauma;
 - Develop supports for staff experiencing vicarious trauma
 - Install evidence-based practices for children in child welfare system and the greater community

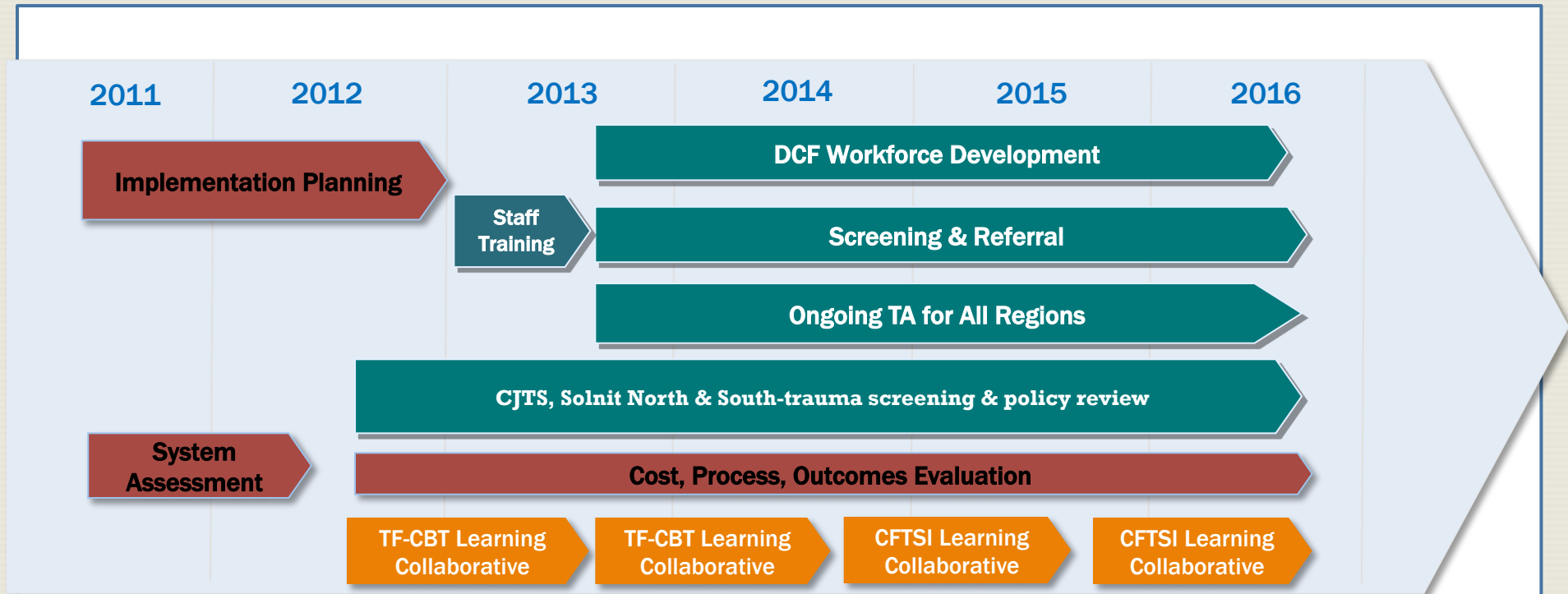
CONCEPT PARTNERS

- **Connecticut Department of Children and Families (DCF)**
Regions, Research and Evaluation, Workforce Academy, Clinical and Community, Child and Adolescent Development, Facilities
- **CT Center for Effective Practice/Child Health and Development Institute of CT (Coordinating Center)**
- **The Consultation Center at Yale University (Evaluators)**
- **Yale Child Study Center (CFTSI Developer)**
- **Judith Cohen, MD (TF-CBT Developer)**
- **Community Provider Agencies**
- **Family Partners**
- **National Child Traumatic Stress Network (NCTSN), National Center at Duke University**

POPULATION OF FOCUS

- Children aged 5-18
- Those in the child welfare system are primary service population (screening/assessment)
- Outpatient assessment & treatments available to all children
- Children in DCF's residential/psychiatric facilities- Screening/Review of policies and procedures
 - Solnit Center South (Riverview Hospital)
 - Solnit Center North (Connecticut Children's Place)
 - Connecticut Juvenile Training School (CJTS)

CONCEPT TIMELINE



Assessment & Planning



Child Welfare (DCF)/Congregate Care Facilities



Community Providers



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CONCEPT PROGRESS

WORKFORCE DEVELOPMENT

- **Goal: Trauma-informed workforce**
 - Expand Implementation of the NCTSN Child Welfare Trauma Training Toolkit in DCF Academy
 - Education about child trauma
 - How to intervene in a trauma sensitive manner
 - Trauma sensitive case planning and effective interventions
 - Training on Screening and Assessment
- **Progress**
 - Work group developing curriculum including NCTSN Child Welfare Trauma Training Toolkit
 - Involvement of DCF Training Academy in planning and implementation for sustainability
- **Develop systematic methods to address Worker Traumatic Stress**
 - Funding available to Regions and Congregate Care for health/wellness activities that may prevent/address secondary traumatic stress in staff

SCREENING

- **Goal: Consistent identification of children suffering from traumatic stress and appropriate referrals for treatment**
- **Progress**
 - Developed trauma history and brief symptom screening tool – to be embedded in Information System
 - Developed standardized referral form for DCF-trauma-focused EBTs referrals
- **Continued Work**
 - Quality assurance procedures
 - Develop trauma screening protocols

POLICIES AND PROCEDURES

- **Goal:** To review relevant DCF policies/procedures to ensure they reflect trauma-informed care
 - DCF
 - Congregate Care Facilities
- **Progress**
 - Developed Trauma-Informed Care Practice Guide
 - Developed policy review tool to review policies
 - Groups developing practice guides will use trauma policy review tool as develop new practice guides

TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)

- Goal: **Statewide availability of TF-CBT**
 - TF-CBT is a short-term caregiver & child EBT for child traumatic stress
- Expand on prior implementation at 16 outpatient clinics
- Train 12 additional outpatient clinics
- Utilize Learning Collaboratives
 - 2012-13 TF-CBT Learning Collaborative teams selected
 - Outpatient clinics and DCF staff comprise teams
 - Learning Collaborative initiated

CHILD AND FAMILY TRAUMATIC STRESS INTERVENTION (CFTSI)

- Goal: Availability of acute EBT following trauma exposure or disclosure of trauma
 - 4-session peritraumatic intervention: CFTSI (Berkowitz, Stover, & Marans, 2011)
 - Prevent PTSD/child traumatic stress
 - Train 12 outpatient clinics
 - Utilize Learning Collaboratives

CHALLENGES

- **Competing initiatives within DCF**
- **Time/cost to modify DCF data systems**
- **Collection and integration of data from multiple data sources (different systems in Congregate Care)**
- **Maintaining communication of Implementation Plans**
- **Workforce readiness and capacity – Roll out of Screening**
- **Time/cost required to implement and sustain EBPs**

NEXT STEPS

■ Implementation Phase

- DCF Training Curriculum and Trainers
- Roll out screening/referral in DCF
- Choose TF-CBT Community Providers and Begin Learning Collaborative, Including Incorporation of DCF
- Design and implement quality assurance processes
- Feed back evaluation results to system to be used in quality improvement

TF-CBT LEARNING COLLABORATIVES

TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT)

- ◆ Evidence-Based Treatment: 8+ studies
- ◆ Manualized & flexible
- ◆ Target population
 - Children/adolescents 3-18 suffering from traumatic stress
 - Goals: Improve child (& parent) symptoms by helping them manage powerful emotions related to traumatic event(s)
- ◆ Caregiver participates in every session
- ◆ Greater improvements in:
 - ◆ Child PTSD, depression, anxiety, shame, behavior problems
 - ◆ Parent distress, support, parenting practices, depression

TF-CBT PRACTICE COMPONENTS

- P sychoeducation & P arenting skills
- R elaxation
- A ffective expression and regulation
- C ognitive coping
- T rauma narrative development and processing
- I n vivo gradual exposure
- C onjoint parent child sessions
- E nhancing safety and future development

GOALS

- Increase availability of trauma focused EBTs
- Build a sustainable network of providers
- Improve collaboration between DCF and agencies

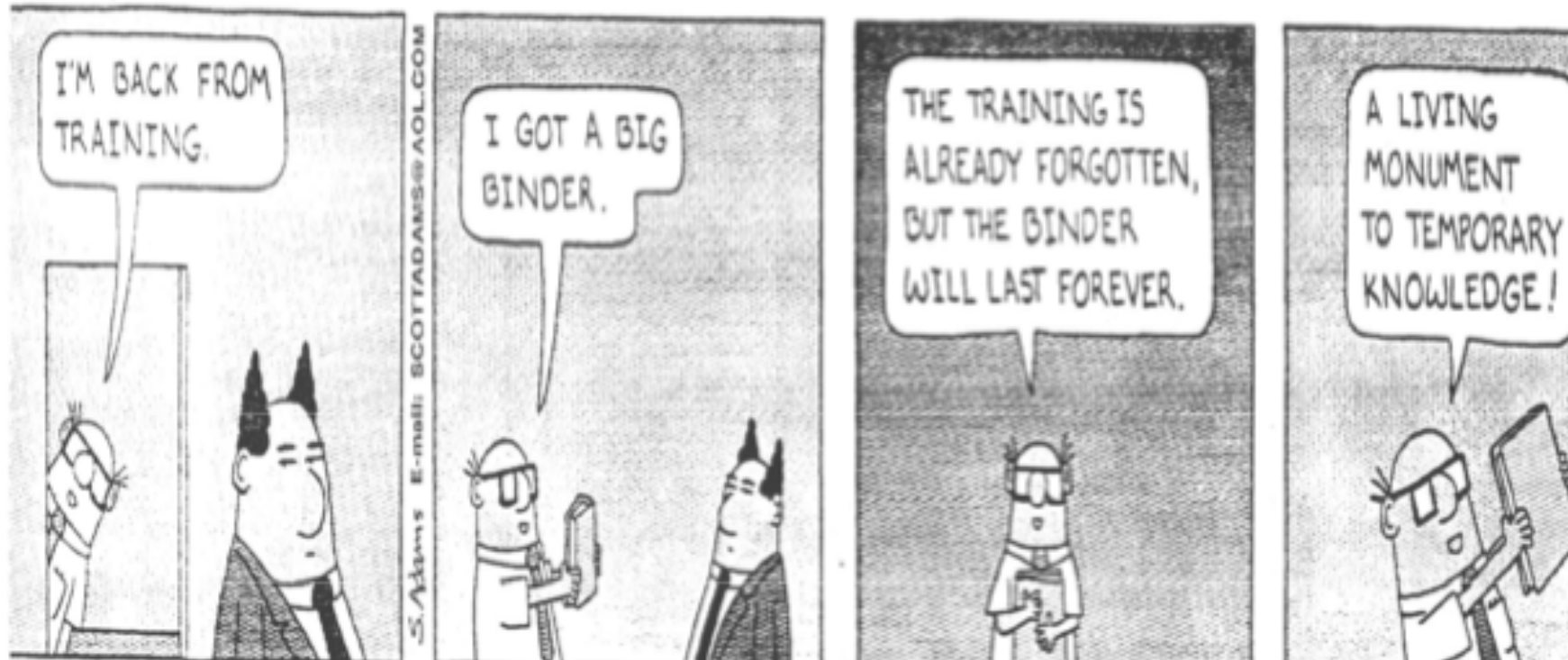
SELECTION OF AGENCIES

- Increase availability of trauma focused EBTs
- Build a sustainable network of providers
- Improve collaboration between DCF and agencies

AGENCIES TRAINED/TO BE TRAINED

- Agencies selected through a competitive RFQ process
- **TF-CBT: 16 trained 2007-2010**
- TF-CBT: 12 more will be trained 2012-2014
 - Next RFQ anticipated late spring 2013
- CFTSI: 12 will be trained 2014-2016
 - Child and Family Traumatic Stress Intervention (CFTSI)
 - Acute, 4-6 session preventative model for children recently exposed to a trauma or who recently disclosed sexual/physical abuse

THE LEARNING COLLABORATIVE



THE LEARNING COLLABORATIVE

- The Learning Collaborative approach is an implementation and improvement model that is focused on learning, spreading and adapting best practices across multiple settings and creating changes within organizations that promote the delivery of effective practices.
- Developed by the Institute for Healthcare Improvement (IHI)
- Diverse implementation teams from each agency
- Intensive training/consultation process (12 months)
- Use of data & implementation science

SCORE PROFILE FOR CLINICIAN

Enter ID# in pink box

Assessment Summary

Enter Client ID
Number:

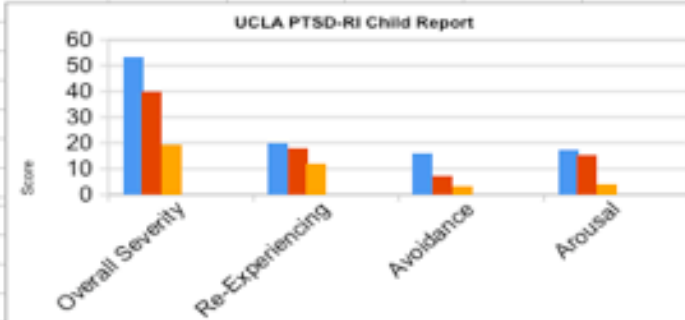
86661

Gender: F

Age: 15
(At Baseline)

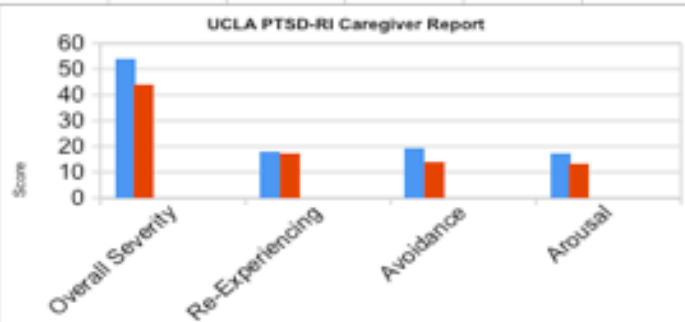
UCLA PTSD-RI Raw Scores - Child Report

	12/8/2008	1/22/2009	8/13/2009	NA	NA	NA
Completed?	Y	Y	Y	NA	NA	NA
Overall Severity	53	40	19	NA	NA	NA
Re-Experiencing	20	18	12	NA	NA	NA
Avoidance	16	7	3	NA	NA	NA
Arousal	17	15	4	NA	NA	NA



UCLA PTSD-RI Raw Scores - Caregiver Report

	12/8/2008	1/22/2009	8/13/2009	NA	NA	NA
Completed?	Y	Y	Y	N	N	N
Overall Severity	54	44	0	NA	NA	NA
Re-Experiencing	18	17	0	NA	NA	NA
Avoidance	19	14	0	NA	NA	NA
Arousal	17	13	0	NA	NA	NA

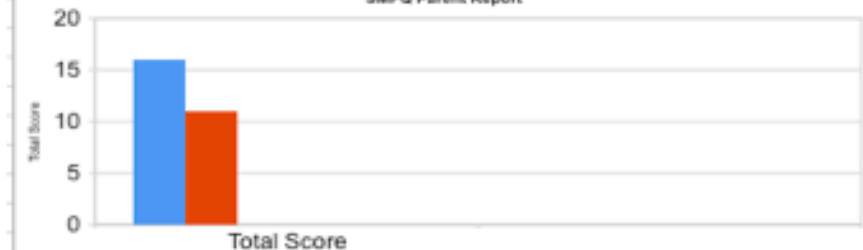


SMFQ Total Scores - Child Report

	12/8/2008	1/22/2009	8/13/2009	NA	NA	NA
Completed?	Y	Y	Y	N	N	N
Total Score	12	10	4	NA	NA	NA



SMFQ Parent Report



METRICS – ONLINE FORM

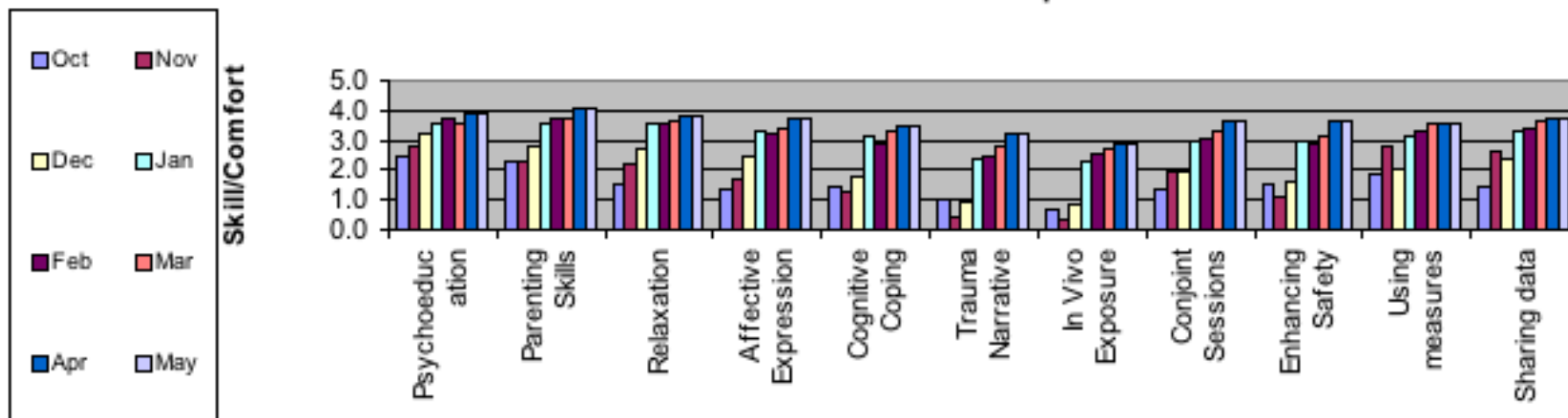
10. Please choose the response that best describes your skill and understanding in implementing each of the specified components of TF-CBT this month.

	Did not use	Minimal	Minimal to Moderate	Moderate	Moderate to Advanced	Advanced
Psychoeducation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affective Expression & Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Coping & Processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma Narrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Vivo Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conjoint Parent-Child Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhanced Safety Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using standardized measures for assessment & measuring progress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing results of assessment measures with child/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



METRICS – REPORT GIVEN TO TEAM

Comfort/Skill with TF-CBT Components - All Sites



PRACTICE Skills - All Sites

Site	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Psychoeducation	2.5	2.8	3.2	3.5	3.7	3.6	3.9	3.9			
Parenting Skills	2.3	2.3	2.8	3.6	3.7	3.7	4.0	4.0			
Relaxation	1.5	2.2	2.7	3.6	3.6	3.6	3.8	3.8			
Affective Expression	1.4	1.7	2.4	3.3	3.3	3.4	3.7	3.7			
Cognitive Coping	1.5	1.2	1.8	3.2	2.9	3.3	3.5	3.5			
Trauma Narrative	1.1	0.5	0.9	2.4	2.5	2.8	3.2	3.2			
In Vivo Exposure	0.7	0.4	0.9	2.3	2.6	2.7	2.9	2.9			
Conjoint Sessions	1.4	1.9	2.0	2.9	3.1	3.3	3.6	3.6			
Enhancing Safety	1.6	1.1	1.6	2.9	2.9	3.2	3.6	3.6			
Using measures	1.9	2.8	2.1	3.1	3.3	3.5	3.6	3.6			
Sharing data	1.5	2.6	2.4	3.3	3.4	3.6	3.7	3.7			



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RESOURCES

National Child Traumatic Stress Network (NCTSN):
www.nctsn.org

Free online TF-CBT training: www.tfcbt.musc.edu

CHDI: www.chdi.org

CT Children's Mental Health information:
<http://www.kidsmentalhealthinfo.com>

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