Welcome!

MoACTS

Missouri Academy for Child Trauma Studies

Kate Drewry and Amy Escott

January 11th, 2019

Who we Are

MISSOURI CHILDREN'S TRAUMA NETWORK

MoACTS
Missouri Academy for Child Trauma Studies

The Missouri Child Trauma Network: a network of clinicians and advocates dedicated to expanding access to evidence-based mental health treatment for traumatized children.

The Network works to promote the healing of children by:

1) Training clinicians in evidence-based models
2) Improving screening, assessment and referral of traumatized children
3) Identifying and working to address systematic barriers to implementation of evidence-based services
4) Collecting data on treatment outcomes to demonstrate value.

Who we Are

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- **The Missouri Academy of Child Trauma Studies** is the nationally recognized training arm of Children's Advocacy Services of Greater St. Louis.
- MoACTS is part of the psychology department at the University of Missouri St. Louis
- In the past eight years MoACTS has completed fourteen TF-CBT learning collaboratives across the Midwest and have trained approximately **1,400 people in TF-CBT**.
- MoACTS trains over 1000 people annually in trauma related topics.
- MoACTS is a Category II site of the National Child Traumatic Stress network, funded through SAMSHA.

Our goals today

- What is TF-CBT and what type of clients benefit?
- Overviews of the Learning Collaborative Process
- Assembling a Learning Collaborative Team
- Application Process

Why the Need for Trauma-Focused, Cognitive Behavioral Therapy?

What is TF-CBT?

- Trauma-sensitive, cognitive-behavioral model
- Considered a well-established, evidence based best practice for addressing childhood trauma.
- Content and pace directed by therapist, in context of a collaborative relationship
- Therapist structures sessions such that there is a focus on skill building and direct discussion and processing of the traumatic experience

Does TF-CBT Work?

- Trauma-Focused Cognitive-Behavioral therapy is the **most well-supported** and effective treatment for children who have been abused and traumatized.
  - Multiple clinical studies demonstrate benefits for children/teens.
- Rated as **Model Program** and **Best Practice** for use with abused and traumatized children.

Does TF-CBT Work?

- Clinical outcomes studies shows that TF=CBT is effective in addressing:
  - Posttraumatic stress disorder,
  - Depression
  - Anxiety
  - Externalizing behaviors
  - Sexualized behaviors
  - Feelings of shame, and mistrust.
- Research suggests that TF-CBT also reduces Caregiver's own levels of depression and emotional distress regarding the child's traumatic event.

Does TF-CBT work?

- TF-CBT was rated a "1-Well-supported, efficacious treatment", the highest level of empirical support in the U.S. Department of Justice sponsored report *Child Physical and Sexual Abuse: Guidelines for Treatment*.

- The California Evidence-Based Clearinghouse for Child Welfare rated TF-CBT a "1-Well-supported, effective practice" its highest score for Scientific Rating and its highest score for Relevance to Child Welfare Rating.

- TF-CBT was selected as a "Best Practice" for cases of child abuse in the *Kaufman Best Practices Task Force Final Report* sponsored by the National Child Traumatic Stress Network.

What clients benefit from TF-CBT?

- TF-CBT has proved successful with children and adolescents (**ages 3 to 18**) with emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events.
- Can be used to address **single or multiple traumas** in a child or teen's life.
- Children or adolescents experiencing **traumatic grief** can also benefit from this treatment.
- TF-CBT can be used with children and adolescents residing in **many types of settings**, including parental homes, foster care, kinship care, group homes, or residential programs.

How long does TF-CBT last?

- TF-CBT is designed to be a relatively short-term treatment, **typically lasting 12 to 16** sessions.
  - **Over 80 percent** of traumatized children who receive TF-CBT experience significant improvement after 12 to 16 weeks of treatment.
- Treatment may be provided for longer periods depending upon individual child and family needs.
- TF-CBT can be used as part of a larger treatment plan for children with **complex difficulties**.

TF-CBT and Diversity

- TF-CBT is best delivered by **creative**, **resourceful** therapists who have developed close therapeutic alliances with their clients.
- This treatment is designed to be provided in a **flexible and developmentally appropriate** manner to address the unique needs of each child and family.

TF-CBT and Diversity

- It has been evaluated with Caucasian and African American children.
  - Adaptations for Latino and hearing-impaired/deaf populations.
  - Adaptations under development for Native American children and for children in many other countries (e.g., Zambia, Uganda, South Africa, Pakistan, the Netherlands, Norway, Sweden, Germany, and Cambodia).

PPRACTICE Components

Psychoeducation and **P**arenting skills
Relaxation
Affective expression and regulation
Cognitive coping
Trauma narrative development & processing
In vivo gradual exposure
Conjoint parent child sessions
Enhancing safety and future development

P-P-R-A-C vs. T-I-C-E

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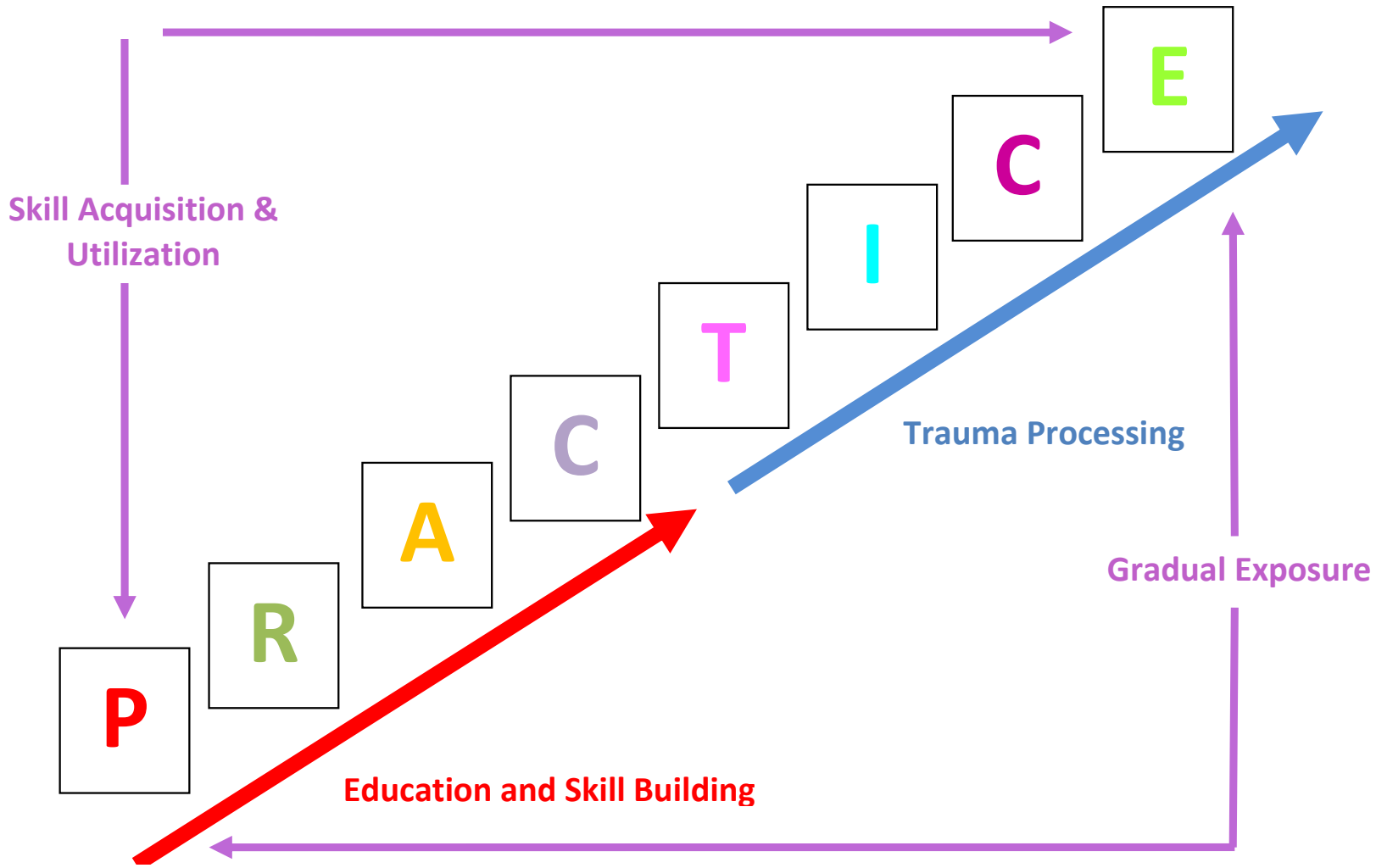
P-P-R-A-C

- Provides foundation for later components
- Heavy focus on education and skill building
  - What is the impact of trauma?
  - How do I cope with the impact of trauma?
- Incorporates gradual exposure

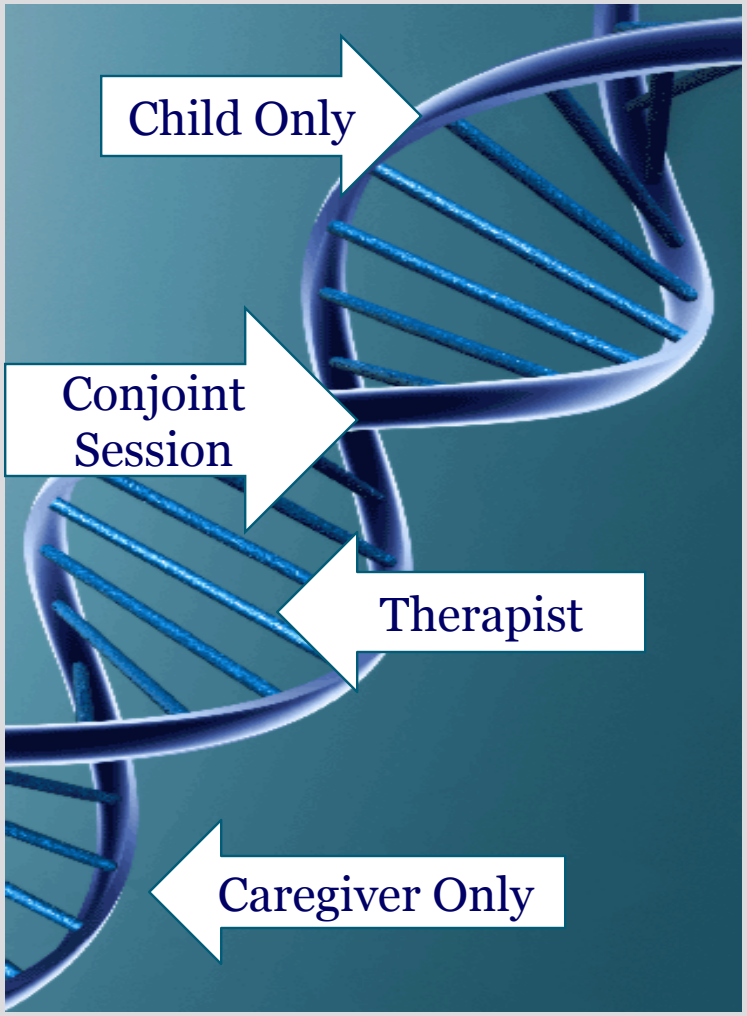
T-I-C-E

- Incorporates knowledge & skills from P-P-R-A-C
- Heavy focus on gradual exposure to trauma memories and cues & meaning making
- Preparation for life after TF-CBT


Skill Acquisition &
Utilization
P
R
A
C
T
I
C
E
Trauma Processing
Gradual Exposure
Education and Skill Building

Caregiver Involvement in TF-CBT

- Individual Child and Caregiver Work
  - Sessions split in half so individual work can be done with caregiver and child
  - Can use clinical judgment to determine order
- Conjoint Sessions
  - Held when child and caregiver have each met goals for component
  - Facilitates communication and provision of support by caregiver



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Community-Based TF-CBT Learning Collaborative

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MISSOURI CHILDREN'S TRAUMA NETWORK

MISSOURI COALITION FOR COMMUNITY BEHAVIORAL HEALTHCARE

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Learning Collaborative Goals

Improve outcomes for children

- Reducing post traumatic stress symptoms for children
- Ensuring that children will receive timely quality, and effective, trauma focused services

Increase the number of clinicians who:

- Effectively screen and assess for trauma
- Implement TF-CBT with fidelity
- Sustain implementation of TF-CBT through intra-agency supervision

Initiate Community Teams that can:

- Collaboratively respond to child trauma within the community
- Identify and respond to a child's trauma related needs
- Refer children for appropriate services

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Trauma-Informed System of Care

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In a trauma-informed system of care, the professionals interacting with the child will:

- Understand the impact of trauma
- Integrate that understanding into planning
- Understand his or her specific mandate

Definition of Trauma-Informed Child- and Family-Service System

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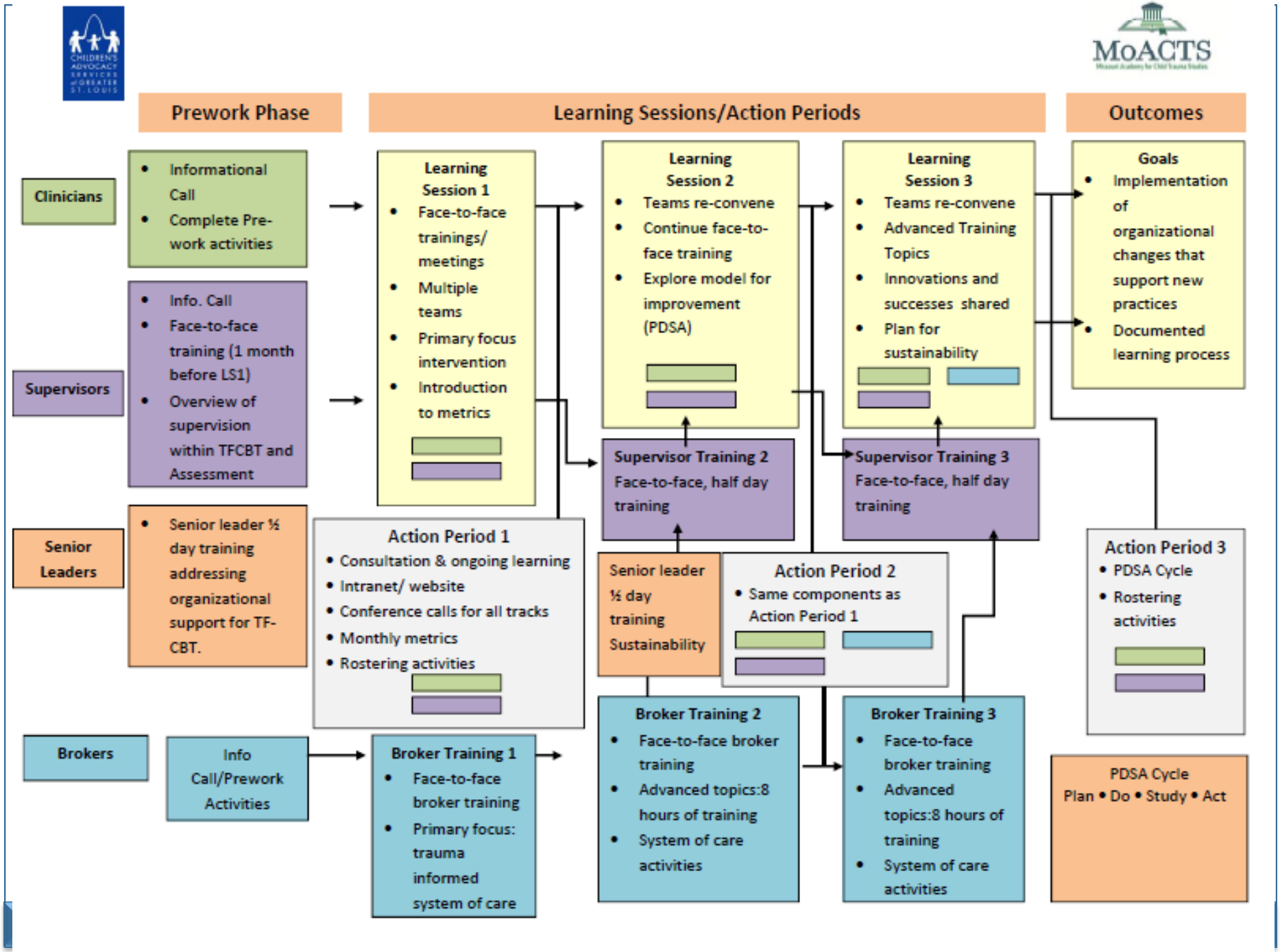
A trauma-informed child- and family-service system is one in which **all parties** involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system **infuse and sustain** trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They **act in collaboration** with all those who are involved with the child, using the best available science, to facilitate and support the **recovery and resiliency** of the child and family.

Source: National Child Traumatic Stress Network. Retrieved from http://www.nctsn.org/resources/topics/creating-trauma-informed-systems


Prework Phase
Learning Sessions/Action Periods
Outcomes
Clinicians
Informational Call
Complete Pre-work activities
Supervisors
Info. Call
Face-to-face training (1 month before LS1)
Overview of supervision within TFCBT and Assessment
Senior Leaders
Senior leader ½ day training addressing organizational support for TF-CBT.
Brokers
Info Call/Prework Activities
Learning Session 1
Face-to-face trainings/ meetings
Multiple teams
Primary focus intervention
Introduction to metrics
Action Period 1
Consultation & ongoing learning
Intranet/ website
Conference calls for all tracks
Monthly metrics
Rostering activities
Broker Training 1
Face-to-face broker training
Primary focus: trauma informed system of care
Learning Session 2
Teams re-convene
Continue face-to-face training
Explore model for improvement (PDSA)
Supervisor Training 2
Face-to-face, half day training
Senior leader ½ day training Sustainability
Action Period 2
Same components as Action Period 1
Broker Training 2
Face-to-face broker training
Advanced topics:8 hours of training
System of care activities
Learning Session 3
Teams re-convene
Advanced Training Topics
Innovations and successes shared
Plan for sustainability
Supervisor Training 3
Face-to-face, half day training
Broker Training 3
Face-to-face broker training
Advanced topics:8 hours of training
System of care activities
Goals
Implementation of organizational changes that support new practices
Documented learning process
Action Period 3
PDSA Cycle
Rostering activities
PDSA Cycle
Plan • Do • Study • Act

Learning Collaborative Participants:

- **Senior Leaders:** key decision makers within the community who have the capacity to alter workloads/policies in order to enact trauma informed policies and programming.
- **Training Topics:**
  - Overview of TF-CBT
  - Integrating TF-CBT delivery into other services provided by your organization.
  - Structural support for TF-CBT
  - TF-CBT fidelity and sustainability

Learning Collaborative Participants:

- **Brokers of service:** key stakeholders in a child's life (CD, Court Staff, etc) who identify children impacted by trauma and triage children to appropriate service providers.
- **Training topics:**
  - **Essential elements of a trauma informed system of care.**
  - **Recognizing and responding to trauma needs within children and teens.**
  - **Trauma informed advocacy**
  - **Triaging and making trauma informed referrals**
  - **Trauma informed treatment planning**

Learning Collaborative Participants:

- **Clinicians:** master's level, mental health professionals who are being trained in Trauma Focused Cognitive Behavioral Therapy and are beginning to deliver TF-CBT within the community.
- **Training topics:**
  - In-depth training on all components of TF-CBT
  - Trauma focused assessment and treatment planning
  - TF-CBT applications (e.g., for young children, for complex trauma).
  - Trauma-informed advocacy
  - Creating a trauma-informed system of care
  - Additional training topics based on needs of training participants.

Learning Collaborative Participants:

- **Supervisors:** clinical supervisors who will oversee clinicians as they implement TF-CBT. Supervisors complete the clinician activities as well as the supervisor activities.
- **Training Topics:**
  - Overview of the TF-CBT model
  - Supporting your team in trauma-focused assessment
  - Clinical supervision within a TF-CBT framework
  - TF-CBT implementation and sustainability

Expectations for All participants:

- I will be able to attend all in person learning sessions (dates are found in the supplemental material under expectations for team members)

  _____

- I will attend all of the conference calls for the learning collaborative that pertain to me

  _____

- I will commit to this learning collaborative as a team member and as an individual._____

Learning Collaborative Participants:

- **<u>Senior Leader Expectations:</u>**
- Complete application/attend kick-off event
- Participate in the pre-work conference call
- Complete Web-training (expense covered via MCTN)
- Read the TF-CBT Book (Cohen, Mannarino, and Deblinger, 2017) (provided w/training)
- Attend Senior Leader trainings:
  - Wed, April 3, 2019 8:30-1:00, Jefferson City
- Participate in other learning collaborative activities as interested/able!

Learning Collaborative Participants:

- **Broker Expectations:**
- Complete application/attend kick-off event
- Participate in the pre-work conference call
- Complete Core Concepts NCTSN Video (you will be sent more information)
- Attend learning sessions:
  - April 4/5th, Full Day, Jefferson City
  - July 19th, Full Day, Jefferson City
  - October 4th, Full Day, Jefferson City
- Participate in Broker Conference Calls (4x over the course of a year, dates TBD, should be finalized in April).
- Submit monthly metrics to MoACTS website

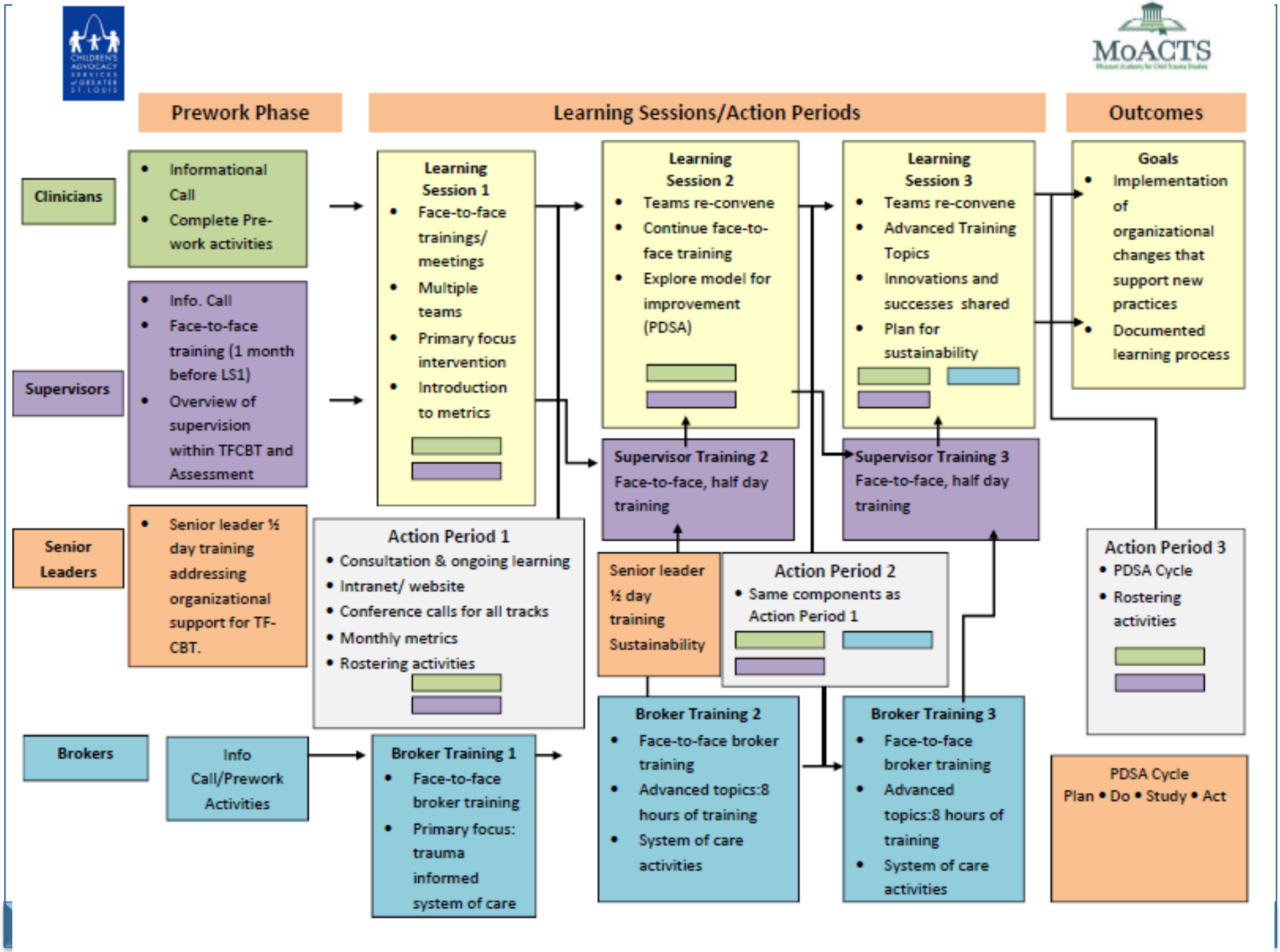
Learning Collaborative Participants:

- **Clinician expectations:**
- Complete application/attend kick-off event
- Participate in the pre-work conference call:
- Complete TF-CBT web training
- Read the TF-CBT Book (Cohen, Mannarino, and Deblinger, 2006)
- Attend learning sessions:
  - April 4/5th, Full Day, Jefferson City
  - July 18/19th, Full Day, Jefferson City
  - October 3/4th, Full Day, Jefferson City
- Participate in Clinician web conferences(1x a month, dates are still tentative and should be finalized in April 2018)
- Complete assessment measures with clients.
- Submit monthly metrics to MoACTS website
- Complete three TF-CBT cases over the course of the learning collaborative.
- Complete Rostering application (if you would like to be rostered)

Learning Collaborative Participants:

Supervisor expectations:

- Complete application/attend kick-off event
- Participate in the pre-work conference call:
- Complete TF-CBT web training
- Read the TF-CBT Book (Cohen, Mannarino, and Deblinger, 2006)
- Attend Supervisor trainings
  - April 3rd, Full Day, Jefferson City
  - July 17th, Afternoon, Jefferson City
  - October 2nd, Afternoon, Jefferson City
- Attend learning sessions:
  - April 4/5th, Full Day, Jefferson City
  - July 18/19th Full Day, Jefferson City
  - October 3/4th, Full Day, Jefferson City
- Participate in 6 Supervisor web conferences (dates and times are TBD)
- If seeking rostering/certification, would need to complete all requirements in the Clinician track.
- Submit monthly metrics to MoACTS website (if seeking rostering)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Collaborative Teams and Next Steps!

Collaborative Teams

- We would like you to form teams of people who will participate in the collaborative.
- Teams are best if you can build on natural partnerships that already exist within your community.
- We recommend a team size of six to eight, ideally including:
  - A senior leader
  - A supervisor (senior leader can be the same person)
  - At least 2 Clinicians
  - At least 2 Brokers of service

Who is part of your collaborative

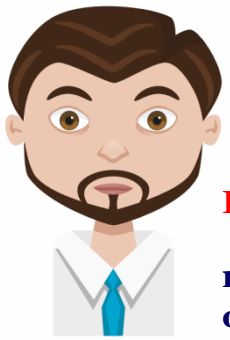
Thelma the Therapist thinks……

Who is part of your collaborative team?

Thelma the Therapist thinks……

It would make sense for my team to include . . . .

Counselor Connie – another therapist at my office



DJO Danny– a Broker who refers cases to our office

Supervisor Sherrie – Clinical Supervisor at my office

Caseworker Charlie A broker who investigates cases and makes referrals

Senior Leader Shannon – Executive Director of my Office

Questions to consider to help assemble your team

- Who are other mental health providers in my community/organization who should participate?
- Who are key leaders within my region that help ensure children receive appropriate services?
- Who are members of a multi- disciplinary team that could be brokers of service to help triage families into service?
  - Children's Division
  - Guardian ad litum
  - CASA workers
  - Health Professionals
  - Advocates
  - School Staff

Questions to consider to help assemble your team Part 2

- What relationships or partnerships, if strengthened, would result in a better delivery of service to children and families impacted by trauma in my community?
- Are there pre-existing collaborative relationships to build upon for this Learning Collaborative?
- Are there geographic regions where there are gaps in service provision? Could those gaps be addressed by the training incorporated into this Collaborative?

Assembling your team: An Example

- Case Worker Charlie has a child, Traumatized Tammy, who is placed in a county where there is not a provider of an evidence based trauma treatment. Traumatized Tammy does have a really wonderful therapist, Counselor Connie, who is a general provider of service.

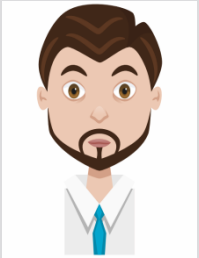
- Case Worker Charlie calls Counselor Connie, tells her about the training, suggests that TF-CBT might be helpful for Tammy, and asks Connie to be part of his team. Connie says yes!

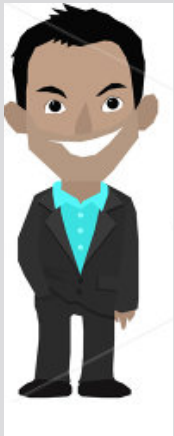
- Counselor Connie invites DJO Danny as well as other therapists to be part of the Learning Collaborative Team.

- Counselor Connie provides TF-CBT to Traumatized Tammy, with Case Worker Charlie helping the caregivers arrange transportation to session, and DJO Danny helping Tammy's school to decrease the triggers in the classroom to increase Tammy's school attendance.
- By the end of treatment Tammy is Tammy, not Traumatized Tammy, and has resumed regular school attendance!

Without the team approach:

- Counselor Connie has to close Tammy's case because she is not attending sessions regularly.
- The school continues to make truancy referrals to DJO Danny.





- Case Worker Charlie has to consider moving Tammy to a residential placement because her behaviors aren't stabilizing and she isn't attending school.
- Poor Tammy!

Collaborative Teams

- Teams will be asked to complete and submit an application by the deadline of **Friday, February 1st at 5:00pm, 2018**

- If you are unsure how to put a team together, please go ahead and apply and call Amy Escott (314-516-8308) and she can help coach you on assembling a team!

Application Packets

- **The Learning Collaborative uses an online application that can be found here:** http://bit.ly/MoCO2019

- **Team Application:** Completed by the senior leader, includes team name, contact information, lists all team members and provides other team-based information.

- **Individual Application:** Completed by **each** team member, background/educational history for each person and participant agreement to complete all learning collaborative activities.

Additional Information

- You will be emailed the link to the application following this webinar and the link will be available on the MCTN website.
- Continuing education credits and certificates of attendance are available for all training participants.
- We can help you assemble a team if you are looking to identify potential members of your group.
- Be creative in who you are considering as part of the team!

Why is it worth YOUR time to participate?

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- "Great experience! The training & process expanded my clinical knowledge & skills – we are better able to serve our children and teens"

- "Because of the training, when we had a school emergency I was able to develop a plan to reduce the stress on the children in the school that the administration followed. Otherwise I wouldn't have been prepared".

What do kids and families have to say?

"Now I know that everything will be ok with my future. I'm not scared anymore". - 10 yr old girl.

"I learned that pushing away what happened will make it worse, and that I can talk about what happened without it being scary anymore"
- 8yr old boy

"So much has changed. She is engaged, expressive and happy again. She not only uses her skills but teaches them to her friends. And I feel like we've got our daughter back. And I am forever grateful."
-Caregiver of a teenage client at the conclusion of treatment.

Contact us!

Amy Escott, MoACTS project director
dribina@umsl.Edu | 314-516-8308

Stephanie Lane, MoACTS Training and Logistics Coordinator
lanes@umsl.edu |314-516-7339

CHILDREN'S ADVOCACY SERVICES of GREATER ST. LOUIS

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