



Moving from Trauma-Informed to Trauma-Responsive Care Through Training, Referral and Treatment for Youth and Families

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Childhood
Trauma

Prevalence among children and youth and impact

CTTC:
mission and
goals

Trauma-Informed Training, LINK-KID, Training in TF-CBT

General
Outcomes

Effects of TF-CBT on child and caregiver outcomes

Conclusions

Practical implications and next steps


AGENDA

PREVALENCE OF TRAUMA



- ▶ Childhood trauma is a major public health issue: 35 million children experience at least one type of trauma by age 8 (Child Trends, 2014; National Survey of Children's Health, 2013)
- ▶ 1 in 9 children have experienced 3 or more ACEs
- ▶ 61% black, non Hispanic; 51% Hispanic; 40% white, non-Hispanic and 23% Asian, non-Hispanic have experienced at least one ACE

LOCAL DATA

- 
- ▶ Regional data from our 2012-2016 grant cycle show that children experience a mean of 4.4 traumatic events
 - ▶ Most common traumas: domestic violence (54%), traumatic loss (35%), physical abuse (30%), sexual abuse (26%) and community violence (23%)
 - ▶ Despite the several trauma initiatives in MA (e.g. MCTP; the Defending Childhood Initiative, etc.), the demand to improve access continues to outstrip provider availability
 - ▶ Turnover of clinicians is high, with 1/3 leaving their agencies after their EBP training

IMPACT OF TRAUMA

Attachment

Biology

Affect
Regulation

Dissociation

Behavioral
Control

Cognition

Self-Concept

WE KNOW THAT:



Childhood trauma:

- ▶ Is a public health crisis – a growing problem in the US and beyond
- ▶ Significantly impacts children's development, functioning and well-being
- ▶ Trauma impacts brain structure, development and DNA – impacting future generations

YET, IN SPITE OF THIS KNOWLEDGE:

- ▶ 47% of children and families don't receive services
- ▶ Children are waiting between 6-12 months to access mental health services
- ▶ There is a clear gap in trauma identification, appropriate referral and trauma-informed treatment



THEREFORE: UMMS' CHILD TRAUMA TRAINING CENTER

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the **National Child Traumatic Stress Network (NCTSN)** 2012 - 2016 and 2016 – 2021 awards, out of need for identification of childhood trauma and expanding access to evidence based practices.



National Child Traumatic Stress Network:

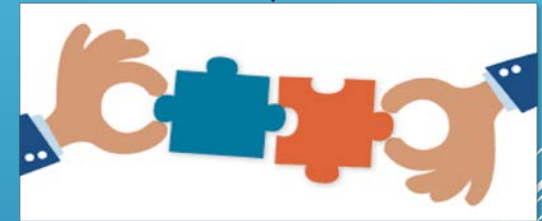
- ▶ Part of the Substance Abuse & Mental Health Services Administration (SAMHSA) and established by the US Congress in 2000 as part of the Children's Health Act.
- ▶ Over 150 funded and Affiliate NCTSN sites located nationwide in university, hospital, and diverse community-based organizations, with thousands of national or local partners.
- ▶ Mission of NCTSN: *To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.*
- ▶ www.nctsn.org

CTTC'S 3 MAJOR PRIORITIES

- 1) Widespread trauma-informed & trauma-responsive training across professional groups
- 2) Creation of a neutral Centralized Referral System, LINK-KID
- 3) Dissemination of training in Trauma-Focused Cognitive Behavioral Therapy



TRAIN



LINK



TREAT

LINK-KID, A CENTRALIZED REFERRAL SYSTEM



Child Trauma Training Center

Linking Families, Training Providers, Informing Communities

1-855-LINK-KID

- ▶ Creation of a *neutral* Centralized Referral System that is not linked to any one provider agency, but includes a network of mental health agencies and practitioners who have been trained in evidence-based trauma treatments
- ▶ Staffed by 4 clinical resource and referral coordinators
- ▶ Incorporation of family engagement strategies
- ▶ Database of trained EBT providers
- ▶ Toll-free number **1-855-LINK-KID**
- ▶ **Referrals to multiple evidence-based treatments for youth 0 to 25: TF-CBT, ARC, CPP, PCIT and others**

HISTORY OF CTTC

- ▶ 2006: First Learning Collaborative in TF-CBT via Central MA Communities of Care
- ▶ 2009: UMMS Dept. of Psychiatry partnered w/LUK, Inc. → Central MA Child Trauma Center, (NCTSN)
- ▶ 2012: UMMS Dept of Psychiatry funded to establish UMMS Child Trauma Training Center, the original
- ▶ 2015: Additional funding by the Lookout Foundation to Pilot statewide stepwise roll-out
- ▶ 2016: DMH Grant for Trauma Referral Service
- ▶ 2016: Refunded by SAMHSA/NCTSN to expand reach, statewide
- ▶ Geographic region expanded (2015) to include Boston and Northern, MA regions, and in (2016) to include Southern and far Western, consistent with the DCF structure
- ▶ Original target population was youth ages 6 to 18; however, expanded the age range to 0 to 18 for LINK-KID
- ▶ 2017: Additional funding by the Lookout Foundation and expanded to include Transition Age Youth up to age 25

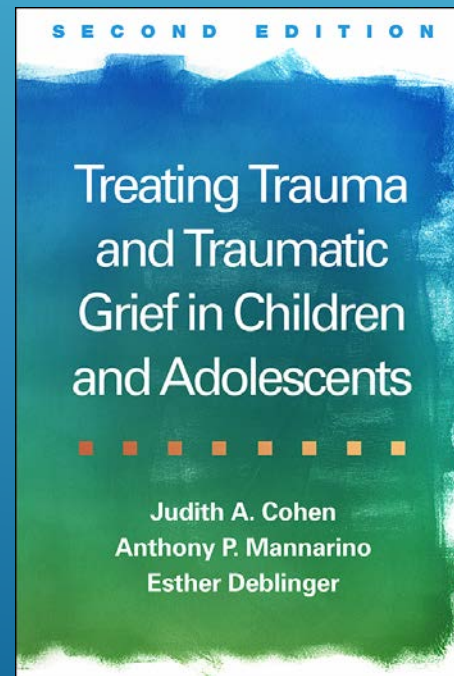
MOVING FROM TRAUMA-INFORMED TO TRAUMA-RESPONSIVE

Professionals working with youth have MUCH that they are able to do to build resiliency and protective factors – they just need the right information!

We CAN improve wait times and improve engagement in treatment.



TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY



TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY

- ▶ Evidence-based treatment for traumatized children, adolescents and parents/caregivers
- ▶ Model developed by Judith Cohen, M.D., Anthony Mannarino, Ph.D. & Esther Deblinger, Ph.D. and has been refined during the past 25 years
- ▶ A SAMHSA Model Program; One of Kaufman's "Best Practices"

WHO IS TF-CBT APPROPRIATE FOR?

- ▶ Children 3-18 years with known trauma history (CTTC allows up to age 25 in current pilot)
- ▶ Any type of trauma (single, multiple, complex, child abuse, DV, traumatic grief, disaster, war, etc.), although originally developed for sexual abuse
- ▶ Prominent trauma symptoms (PTSD, depression, anxiety, with or without behavioral problems)
- ▶ Parental/caretaker involvement is optimal but not required
- ▶ Clinic, school, residential, home, inpatient, refugee or other settings

PRACTICE

- Psychoeducation and Parenting skills
- Relaxation
- Affective modulation
- Cognitive coping
- Trauma narration and processing
- In vivo mastery of trauma reminders
- Conjoint child-parents sessions
- Enhancing future safety and development


Stabilization & skill
building

Trauma narration
and processing

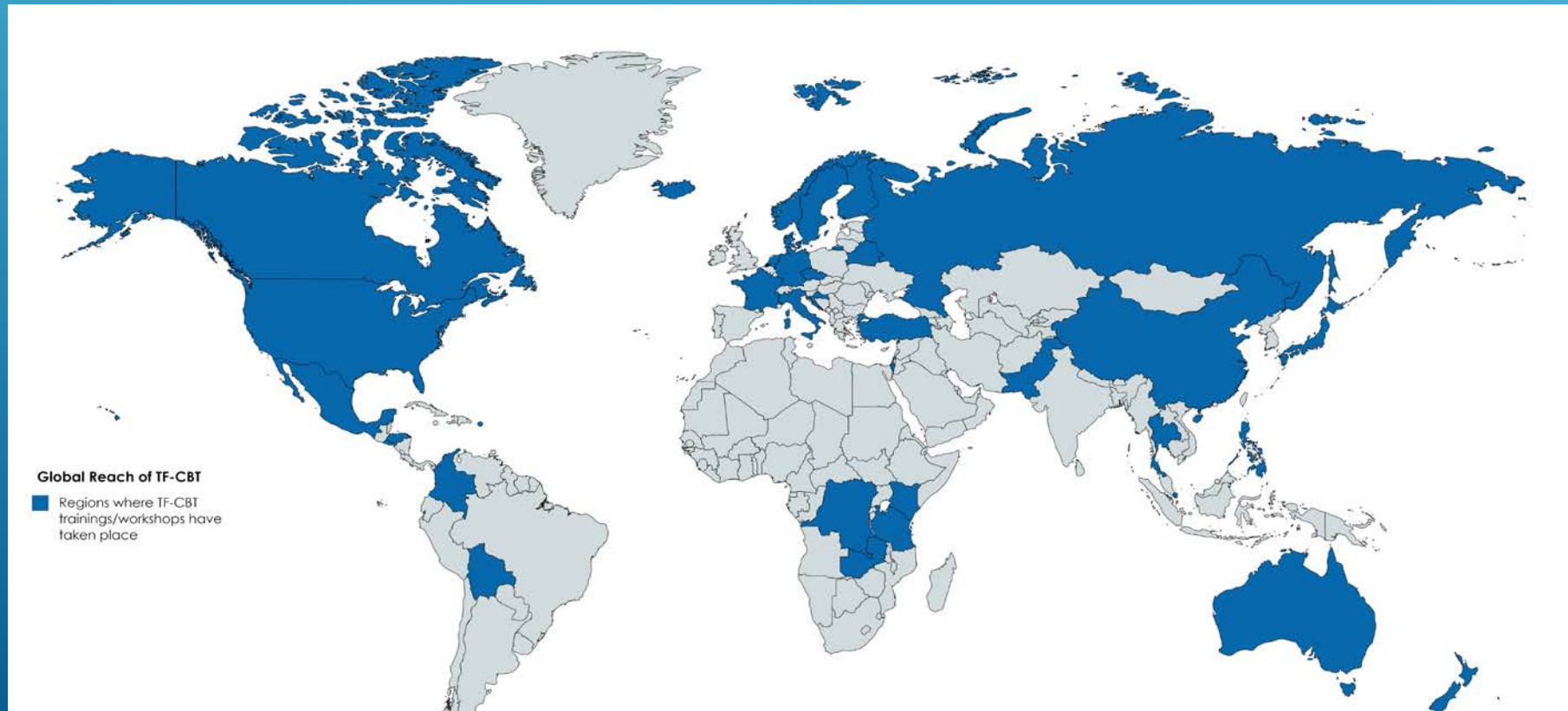
Consolidation and
closure



RESEARCH EVIDENCE

- 21+ RCT comparing TF-CBT to other conditions =- RCTs conducted all over the world
 - TF-CBT → greater improvement in PTSD, depression, anxiety, behavior problems compared to comparison or control conditions
 - Parents participating in TF-CBT also experienced greater improvement compared to parents participating in comparison conditions
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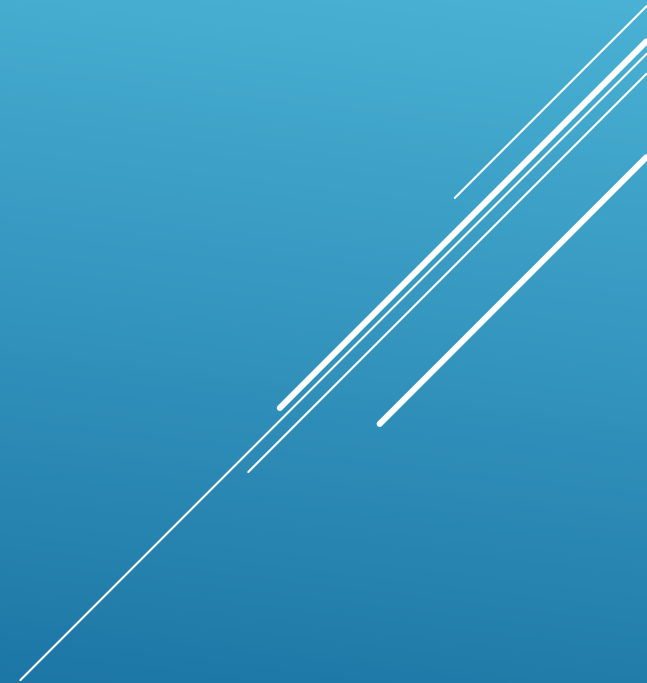
AS OF 2019, TF-CBT HAS REACHED THESE COUNTRIES/REGIONS:



AS OF 2019, TF-CBT HAS REACHED THESE COUNTRIES/REGIONS:

- ▶ Australia
- ▶ Belarus
- ▶ Bolivia
- ▶ Canada
- ▶ Cayman Islands
- ▶ China
- ▶ Columbia
- ▶ Croatia
- ▶ Czech Republic
- ▶ Democratic Republic of Congo
- ▶ Denmark
- ▶ El Salvador
- ▶ Finland
- ▶ France
- ▶ Germany
- ▶ Guam
- ▶ Honduras
- ▶ Iceland
- ▶ Israel
- ▶ Italy
- ▶ Japan
- ▶ Kenya
- ▶ Mexico
- ▶ New Zealand
- ▶ Norway
- ▶ Pakistan
- ▶ Puerto Rico
- ▶ Russia
- ▶ Singapore
- ▶ Sweden
- ▶ Tanzania
- ▶ Thailand
- ▶ The Netherlands
- ▶ The Philippines
- ▶ Turkey
- ▶ United States
- ▶ Zambia

TF-CBT GENERAL OUTCOMES FROM CTTC 2012 TO 2016 COHORT



METHODS

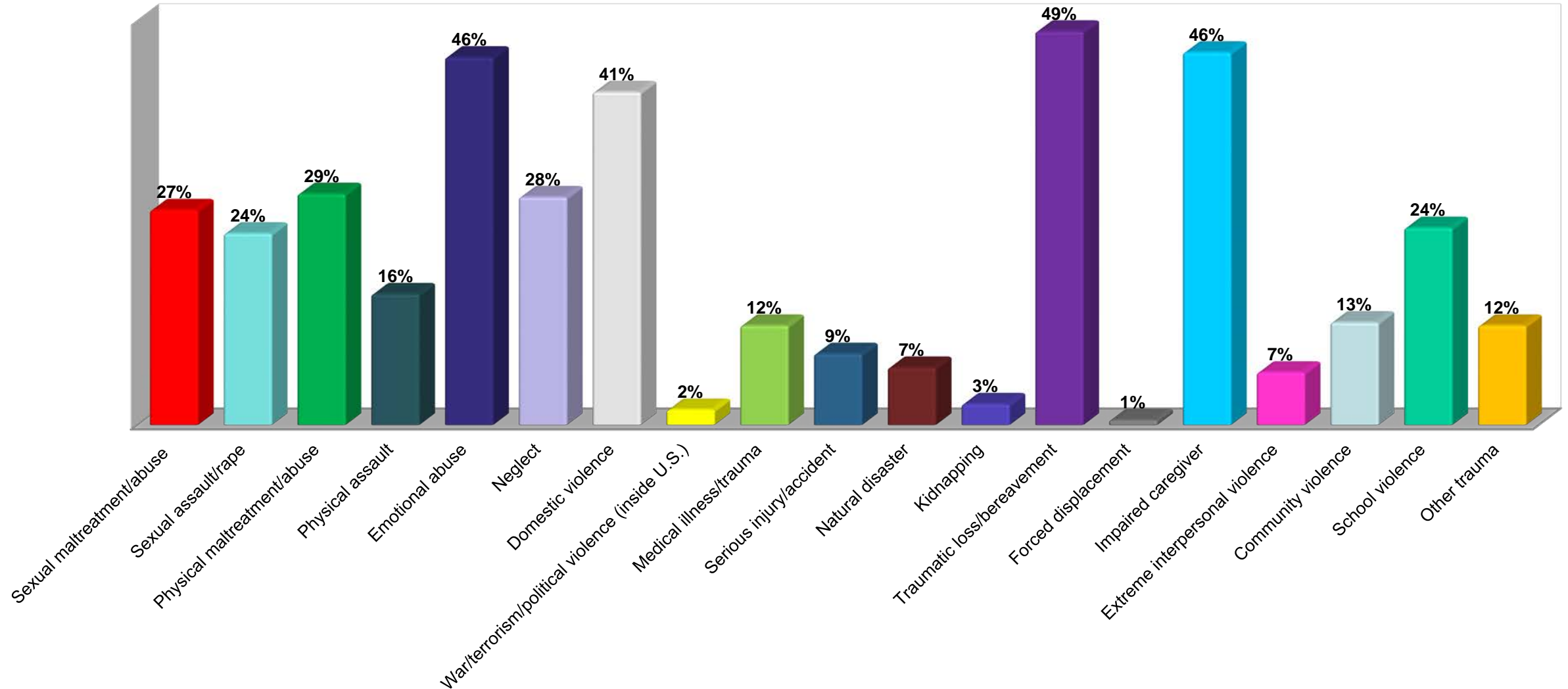
- ▶ Training: 3 annual year-long TF-CBT training cohorts, involving 211 clinicians
 - Online Training TF-CBT Web: <https://tfcbt.musc.edu>
 - Two-day in person Basic Training
 - Advanced Training
 - Consultation Calls (monthly)
- ▶ Project Evaluation: Clinicians enroll 3 or more youth
- ▶ Data collection: baseline, three months, six months and discharge using REDCap
- ▶ Measures:
 - Demographics
 - General Trauma Information Form, checklist
 - Child Behavior Checklist
 - UCLA PTSD children and parents
 - Caregiver Strain Questionnaire
 - Social Connectedness

SAMPLE

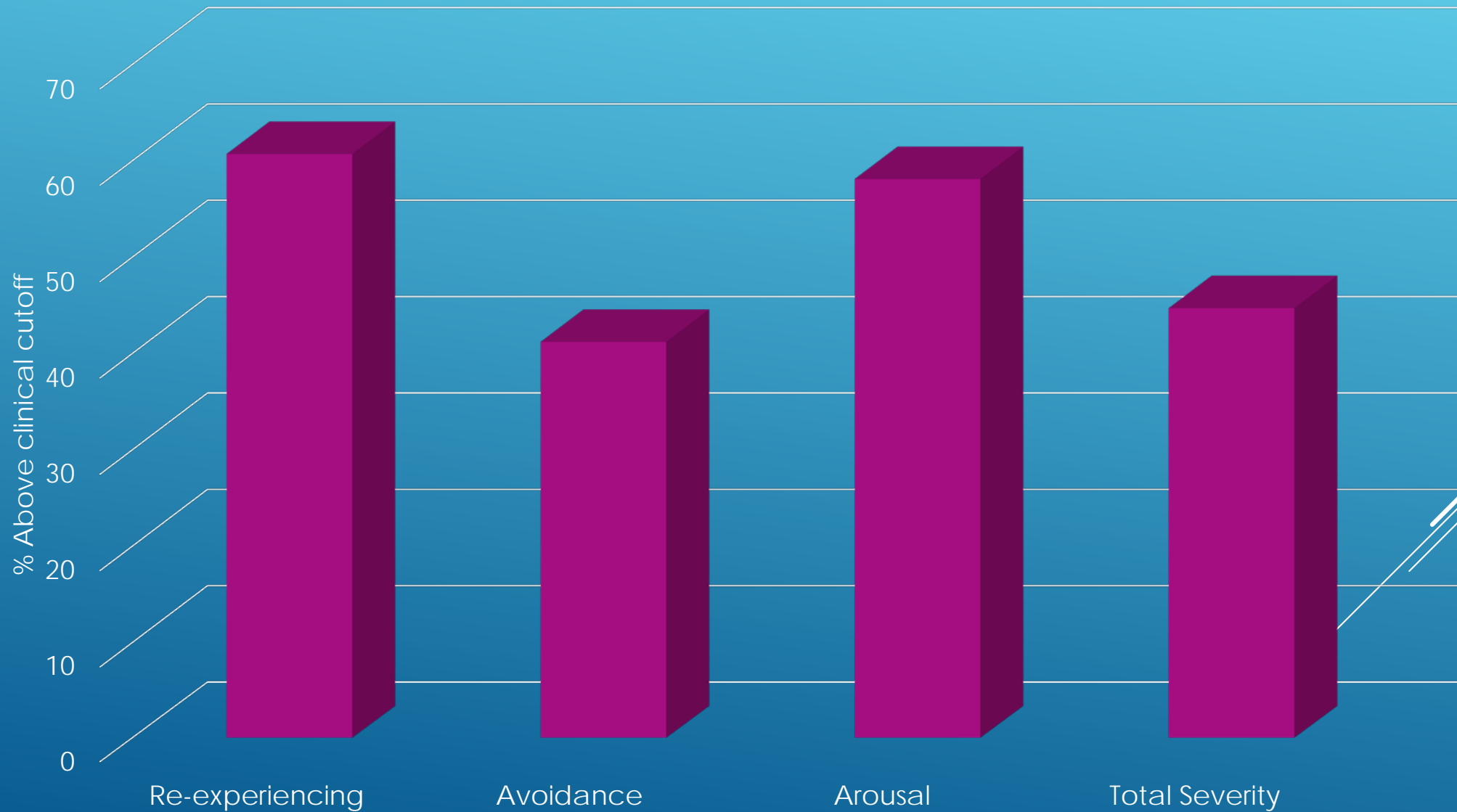
- 308 children and youth who received TF-CBT
- Mean age = 11.3 years (Range = 6-18)
- 58% female
- 62% white; 9% black; 27% Hispanic
- 33% in state custody



TRAUMA EXPOSURE: MEAN TRAUMA TYPES 4.4



BASELINE UCLA PTSD



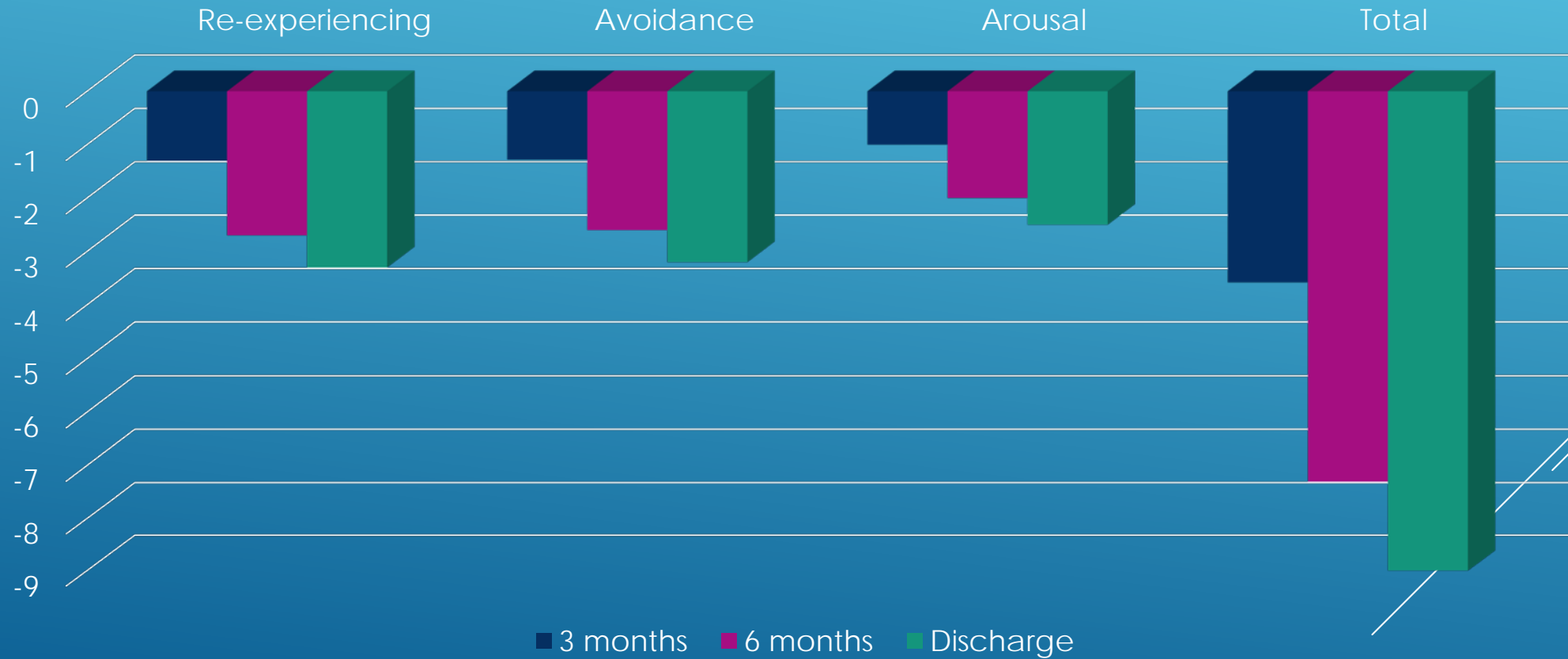
BASELINE BEHAVIOR PROBLEMS

Subscale	Mean (SD)
Internalizing Score (n = 232)	64.5 (10.7)
Externalizing Score (n = 232)	63.0 (11.7)
Total Problems Score (n = 232)	65.5 (10.6)

Clinical cutoff for all scales is = 63

IMPROVEMENTS FROM BASELINE PTSD

UCLA

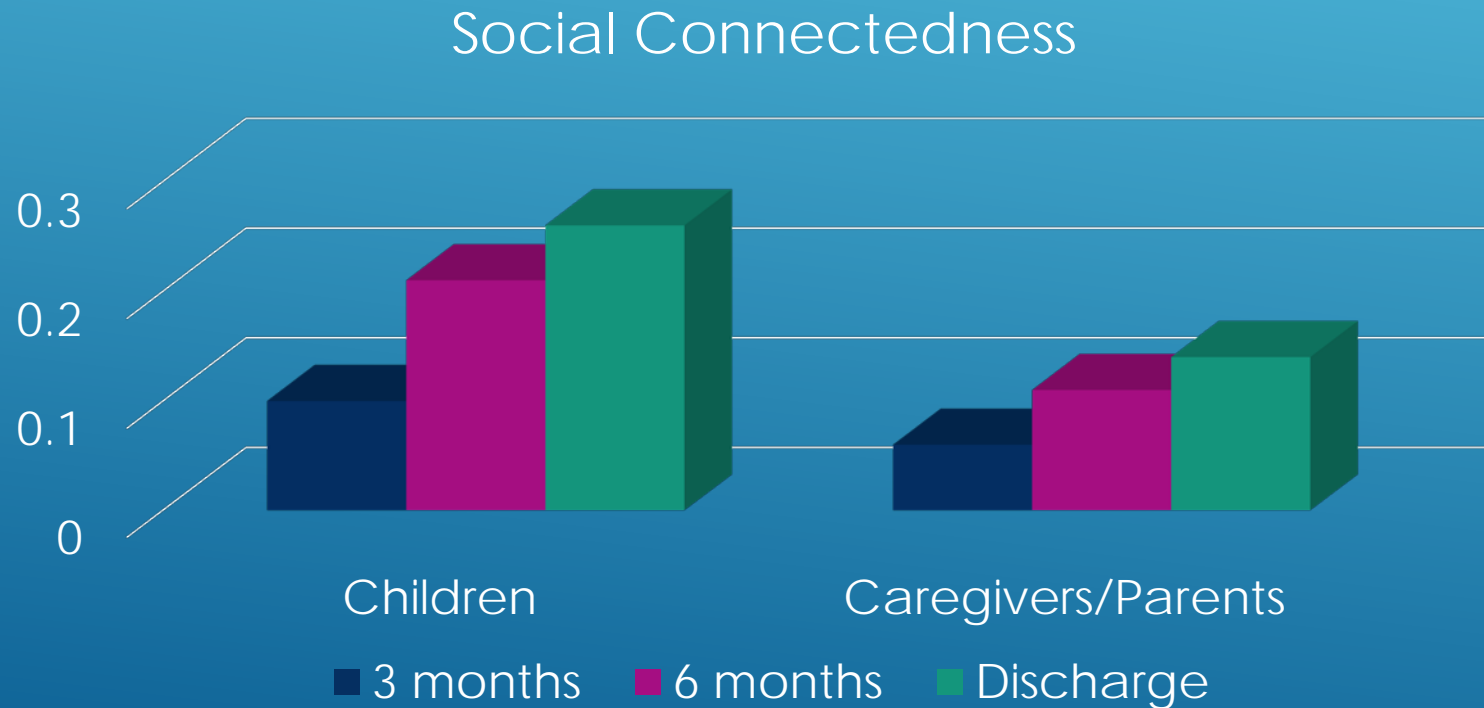


CHANGE IN CHILD BEHAVIOR PROBLEMS

	Mean Reduction	Standard Error	Effect Size
Internalizing Behaviors	-0.31**	0.11	0.21
Externalizing Behaviors	-0.45***	0.10	0.29
Total Problem Behaviors	-0.49***	0.10	0.33

*** $p < .001$; ** $p < .01$

IMPROVEMENTS IN SOCIAL CONNECTEDNESS



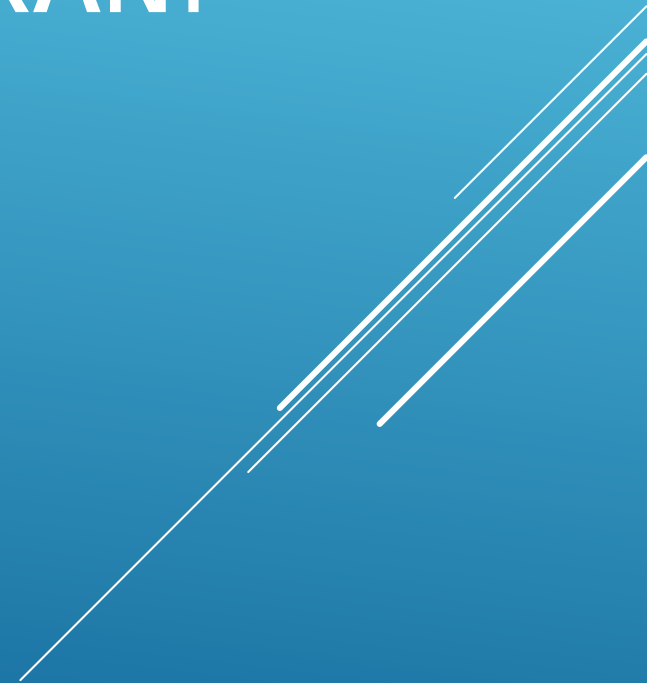
CAREGIVER STRAIN

- **Less objective caregiver strain**
(negative events such as financial strain, disrupted family relations, missed work)
- **Less subjective internalized caregiver strain**
(inwardly directed feelings such as worry, guilt, and fatigue)
- **Less global caregiver strain**
(a combination of objective and subjective internalized strain)
- **But not less subjective externalized strain**
(outwardly directed negative feelings such as anger, resentment)

IN CONCLUSION, TF-CBT...

- ▶ Reduced PTSD symptoms
- ▶ Reduced behavioral problems
- ▶ Improved children's social connectedness
- ▶ Parents overall stress reduced

PRELIMINARY DATA FROM NEW GRANT CYCLE 2016-2021





TRAUMA-INFORMED TRAINING

<u>FY 4</u> <u>Q 1</u>	<u>Child-Serving Professionals</u>	<u>Number of</u> <u>Professionals</u> <u>Trained</u>	<u>Youth Impacted by Trauma-</u> <u>Informed Services</u>
	Educators	190	3,200
	Community Members	480	
	Outreach Workers, Case Managers, Para-Professionals, Social Workers	875	33,000
	Physicians, Medical Professionals, Medical Students	735	28,600
	Department of Youth Services	81	3,240
	Probation Department	40	1,400
	Caregivers	15	45
	Attorneys/Judges/Policy Makers	290	5,500
	TF-CBT Supervisors	20	60
Year 3, Quarter 3 Totals		2,706	75,045
YEAR 3 TO DATE TOTALS:		5,862	126,456
Year 2 TOTALS:		6,145	63,061
Year 1 TOTALS:		3,175	17,223
GRANT TOTALS TO DATE:		16,361	258,151

▶ Target goal: train 10,000 child-serving professionals and impact 250,000 youth with trauma-informed services

LINK-KID REFERRALS

EBP	Y3 Q3	Y3 Q2	Y3 Q1	Year 1	Year 2
TF-CBT	140	111	87	483	437
ARC	41	36	40	209	150
ARC GROW	0	0	0	0	2
CPP	8	4	4	36	37
PCIT	0	0	0	0	0
AF-CBT	0	1	0	2	0
ARC or TF-CBT* Clinicians are trained in both models	18	23	17	0	10
**Pending	0	0	5		
TOTAL	207	175	153	730	636

► Number of LINK-KID referrals made to each EBP

TF-CBT TRAINING

- ▶ In April, 2019, CTTC completed its 2nd TF-CBT Learning Community
- ▶ March 25th & 26th CTTC hosted its 3rd TF-CBT Learning Community prioritizing clinicians in Middlesex and Essex Counties
- ▶ In total, we trained 108 clinicians from 24 agencies
- ▶ CYYC hosted the TF-CBT Supervisor Training on April 8th training about 20 Supervisors
- ▶ CTTC will begin TF-CBT Supervisor calls early in the fall.
- ▶ CTTC will be hosting the TF-CBT Advanced Training in early October 2019.
- ▶ The TF-CBT Cohort Coordinator and CTTC PD continue to connect regularly with cohort clinicians and supervisors to reduce barriers to model implementation and REDCap implementation.

CONCLUSIONS AND FUTURE STEPS

- ▶ TF-CBT works!
 - ✓ Child, youth, and parent participation in TF-CBT is associated with: reductions in PTSD symptoms, behavioral problems, increase in social connectedness, and decrease in parental stress
 - ✓ TF-CBT is effective in reducing maladaptive symptoms of trauma and fostering resilience in youth and their caregivers
- To date:
 - We trained **30.460** professionals in trauma-informed care approximately impacting **430.469** youth
 - We reached **1.543** youth who were provided with TF-CBT
 - **3.298** active referrals have been made to LINK-KID
- Nevertheless, training clinicians and implementing evidence-based treatment in community agencies has many challenges

CONCLUSIONS AND FUTURE STEPS

- With our new grant cycle we are making efforts and several changes to meet these challenges:
 - ✓ Providing individual support for each agency
 - ✓ Helping clinicians collect and enter data, critically think through TF-CBT work with youth, and review cohort expectations
 - ✓ Collaborate with CACs statewide to offer EBPs
 - ✓ Training providers in adaptations of TF-CBT for court-involved youth, transition age youth, etc.
 - ✓ Piloting TF-CBT PREP
 - ✓ Evaluate the effectiveness of TF-CBT across our population of focus



CONTACT INFORMATION

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THANK YOU!