

Dissemination of Best Practices for Treatment of Traumatized Children

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The National Child Traumatic Stress Network

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NCTSN - Mission Statement

- The mission of the National Child Traumatic Stress Network (NCTSN) is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.



NCTSN - Vision Statement

- The NCTSN will raise public awareness of the scope and serious impact of child traumatic stress on the safety and healthy development of our nation's children and families.
- We will improve the standard of care by integrating developmental and cultural knowledge to advance a broad range of effective services and interventions that will preserve and restore the future of our nation's traumatized children.



NCTSN - Vision Statement

- We will work with established systems of care, including the medical, mental health, education, law enforcement, child welfare and juvenile justice systems, to ensure that there is an available and accessible comprehensive continuum of care for all traumatized children and their families.
- We will be a community dedicated to collaboration within and beyond the Network to ensure that widely shared knowledge and skills create a national resource to address the problem of child traumatic stress.



National Child Traumatic Stress Network (NCTSN)

Three categories of participation in the Network:

- The UCLA-DUMC National Center for Child Traumatic Stress (NCCTS) (Category I)
- Intervention Development and Evaluation Programs (Category II)
- Community Treatment and Services Programs (Category III)




Directions for Mental Health
 Family Service Centers
 The Hospice of the Florida Suncoast

A partnership between Directions for Mental Health, Inc., Family Service Centers and The Hospice of the Florida Suncoast. Louis de la Parte Mental Health Institute at the University of South Florida served as the evaluator for the project.



Healing the Hurt

- Based in Clearwater, Florida
- Funded between 2002 and 2005
- Continues as an affiliate of the Network
- One of the primary goals was to disseminate and implement Evidenced-Based Practices (EBPs) for traumatized children



Dissemination vs. Implementation

- Dissemination of an EBP implies a broader community context that is critical to create change in the service system for traumatized children
- Implementation can be done, in theory, within a single agency level without community buy-in



Implementation in the Context of Community

“Before we begin to delve into the mysteries of implementation, we want to affirm the obvious. Implementation occurs in the context of community.”

Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005
Implementation Research: A Synthesis of the Literature



Community Engagement

- Healing the Hurt engaged the Tampa Bay community in efforts to provide quality care for children who had experienced trauma
- Experience of engaging practitioners reflects phases of the transtheoretical model described in the Kaufman Best Practices Project Report (2004)



Kaufmann Best Practices Project Report (2004)

- Five phases for characterization of mental health practitioners
 - Pre-contemplation Phase
 - Contemplation Phase
 - Preparation Phase
 - Action Phase
 - Maintenance Phase

Behavior Intention
 Behavior

- as described in Kaufmann Foundation report (2004)



Pre-contemplation Phase

- Practitioners are comfortably unaware of what they do not know about best practices or the advantages of using these evidence-based treatments



Healing the Hurt Strategy

- Developed a trauma seminar series (February 2003 - January 2005)
- Utilized experts from the Network
- Initially offered introductory trauma workshops



Seminar Series

- Steven Berkowitz, M.D., "Traumatic Experience: What Do We Know? What Do We Do?"
- Raul Silva, M.D., "Post Traumatic Stress Disorder in Children and Adolescents Resiliency and Vulnerability Factors"
- Dennis Hunt, Ph.D., "Working Effectively with Immigrant and Refugee Children and their Families"
- Robert S. Pynoos, M.D., M.P.H., "A Developmental Perspective on Child Traumatic Stress: A Key to Prevention, Early Intervention and Treatment"
- Patricia Van Horn, Ph.D., "Using Parent-Child Psychotherapy to Treat Young Children Exposed to Trauma"
- Erna Olafson, Ph.D., Psy.D., "Parent-Child Interaction Therapy (PCIT) With Traumatized Children"
- Karen Stubenbort, Ph.D., "Cognitive Behavioral Therapy for Child and Adolescent Traumatic Stress"



Seminar Series (cont'd)

- Jon A. Shaw, M.D., "The Psychological Effects of Disaster on Children"
- Robert Macy, Ph.D., "Acute Psychological Trauma Interventions for Youth Exposed to Chronic Difficult Circumstances"
- Vincente Felitti, MD, "Adverse Childhood Experiences (ACE) Study"
- Beth Hudnall Stamm, Ph.D., "Professional Quality of Life and Compassion Fatigue"
- Melissa Runyon, Ph.D., "Combined Parent-Child Cognitive Behavioral Approach for Children and Families At Risk for Child Physical Abuse"
- Robin Gurwitsch, Ph.D., "After the Storm"
- Patricia Van Horn, Ph.D., "Losing a Parent to Death in the Early Years"
- Ellen Sterling, M.S., "Red Dragons: CBT and Art Therapy"
- Julie Larriue, Ph.D., "Infant Mental Health"



Contemplation Phase

- Practitioners have become aware of the evidence for a best practice and are considering incorporating it into their clinical work. They are exploring the concepts of best practices through professional literature and conference presentations. Could remain in this phase for years.



Healing the Hurt Strategy

- During the summer of 2003, 254 seminar attendees were surveyed to assess the impact of the seminars and to determine future topics of interest
- 55 surveys (22% response rate)
- 70% indicated the seminars had changed their way of thinking
- 98% wanted more training, specifically more clinical intervention training



2003 Training Survey (cont'd)

- Specific requests that resulted in future seminars included:
 - infant mental health,
 - interventions with physically abused children,
 - effects of emotional abuse and abusive parents on child's attachment,
 - use of "less verbal" therapies (e.g., art therapy) with traumatized children, and
 - working with young children who have lost a parent



Preparation Phase

- Includes practitioners and organizations who are actively seeking out in-depth training and committing resources to training and consultation.



Healing the Hurt Strategies

- Provided in-depth training on three selected evidence-based practices:
 - Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
 - Parent-Child Interaction Therapy (PCIT)
 - Child-Parent Psychotherapy (CPP)
- Conducted follow-up telephone surveys with clinicians.



Healing the Hurt Strategies

- Provided additional opportunities for clinicians to receive training, consultation, and/or supervision.



Trauma-Focused Cognitive Behavior Therapy (TF-CBT)

- 93 attendees at one-day training
- 5 clinicians received intensive two-day training and follow-up consultation and supervision
- Some challenges to dissemination:
 - Trained for 90 minute sessions and sessions have been cut to 60 due to funding
 - Kids' ability to understand concepts



Parent-Child Interaction Therapy (PCIT)

- 117 attendees at one-day training
- 13 participated in five-day training with a one-day follow-up with access to ongoing consultation
- Some challenges to dissemination:
 - Parents willingness to participate
 - Lack of treatment team format
 - Very impractical for in-home treatment or interventions



Child-Parent Psychotherapy (CPP)

- 118 attendees at one-day training
- 16 participated in three-day training with one year of regularly scheduled consultation and supervision
- Some challenges to dissemination:
 - Community education - many do not see the need in young children
 - Lack of proper referrals
 - Parents' willingness to engage in therapy is a barrier



Action Phase

- Practitioners who have completed the preparation phase and are actively applying what they have learned in an organized way.



Healing the Hurt Strategy

- Supported four clinicians through advanced training so that they could provide supervision and case consultation to peers (one TF-CBT, two CPP and one PCIT)



Maintenance Phase

- Practitioners have fully integrated the best practices into their everyday practice at a level necessary to replicate the results of the trials. Rarely ever occurs.



Healing the Hurt Strategies

- Preliminary findings indicate larger decreases in trauma-related symptoms as measured by the Traumatic Symptom Checklist for Children (TSCC) for TF-CBT vs. treatment as usual
 - Average decrease of 52.78 points on the raw score for TF-CBT (n=9) vs. decrease of 26.5 for treatment as usual (n=20)



Healing the Hurt Strategies

- Attempts to develop and implement treatment adherence checklists
 - TF-CBT checklist included a scale for therapists' to rate their adherence to the model. 1 = "did not do any part of the model" and 10 = "followed the protocol exactly"
 - Mean rating was 7.75 (range from 5 to 9)



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Challenges to Dissemination

- Buy-in from key stakeholders (e.g., community providers and families), and
- Conflict between models and billing structures



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National Center Website

www.nctsNET.org