

Welcome!

# 2021 MCTN Virtual TF-CBT Training Launch Event!

Friday, January 8th, 2021

MISSOURI CHILDREN'S TRAUMA NETWORK

MISSOURI COALITION FOR COMMUNITY BEHAVIORAL HEALTHCARE

MISSOURI DEPARTMENT OF MENTAL HEALTH

MoACTS Missouri Academy for Child Trauma Studies

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## Who we Are

**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.

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# Who we Are



- **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 **2,000 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.

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# Training Faculty





**Kiarra Charles**



**Kate Drewry**



**Amy Escott**



**Erica Irwin**




**Matt Kliethermes**




**Alejandra Martinez**

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## 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


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## What is Trauma-Focused, Cognitive Behavioral Therapy?




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## 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

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## 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.
  - Effective across cultural backgrounds/around the world
- Rated as **Model Program** and **Best Practice** for use with abused and traumatized children.

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## 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.
- TF-CBT is also effective when delivered via telehealth.

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## 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.

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## 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**.

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## Community-Based TF-CBT Learning Collaborative




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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

(c) MoActs

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## Trauma-Informed System of Care




**In a trauma-informed system of care, professionals interacting with children will:**

- **Realize** the widespread impact of trauma and understand potential paths for recovery
- **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seek to actively **resist Re-traumatization**


SAMHSA 2014



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



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>

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## 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

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## 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
  - Triage and making trauma informed referrals
  - Trauma informed treatment planning

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## 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.

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## 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

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## 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. \_\_\_\_\_

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## Learning Collaborative Participants:



### **Senior Leader Expectations:**

- 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:
  - Feb 19, 2021. 8:30-11:00am CT on Zoom.
  - April 16, 2021. 8:30-11:00am CT on Zoom.
- Participate in other learning collaborative activities as interested/able!

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## 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:
  - March 4, 5, 8, 9 2021. 8:30am-12:00pm CT on Zoom.
  - May 6, 7, 10, 11, 2021. 8:30am-12:00pm CT on Zoom.
- 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

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## 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:
  - March 4, 5, 8, 9 2021. 8:30am-12:00pm CT on Zoom.
  - May 6, 7, 10, 11, 2021. 8:30am-12:00pm CT on Zoom.
- 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)

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# 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 Senior Leader Trainings
  - Feb 19, 2021. 8:30-11:00am CT on Zoom.
  - April 16, 2021. 8:30-11:00am CT on Zoom.
- Attend Supervisor Trainings
  - Feb 19, 2021. 8:30-11:00am CT on Zoom.
  - March 23, 2021. 8:30-11:00am CT on Zoom.
  - May 04, 2021. 8:30-11:00am CT on Zoom.
  - May 18, 2021 8:30-11:00am CT on Zoom.
- Attend learning sessions:
  - March 4, 5, 8, 9 2021. 8:30am-12:00pm CT on Zoom.
  - May 6, 7, 10, 11, 2021. 8:30am-12:00pm CT on Zoom.
- 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!







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# 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

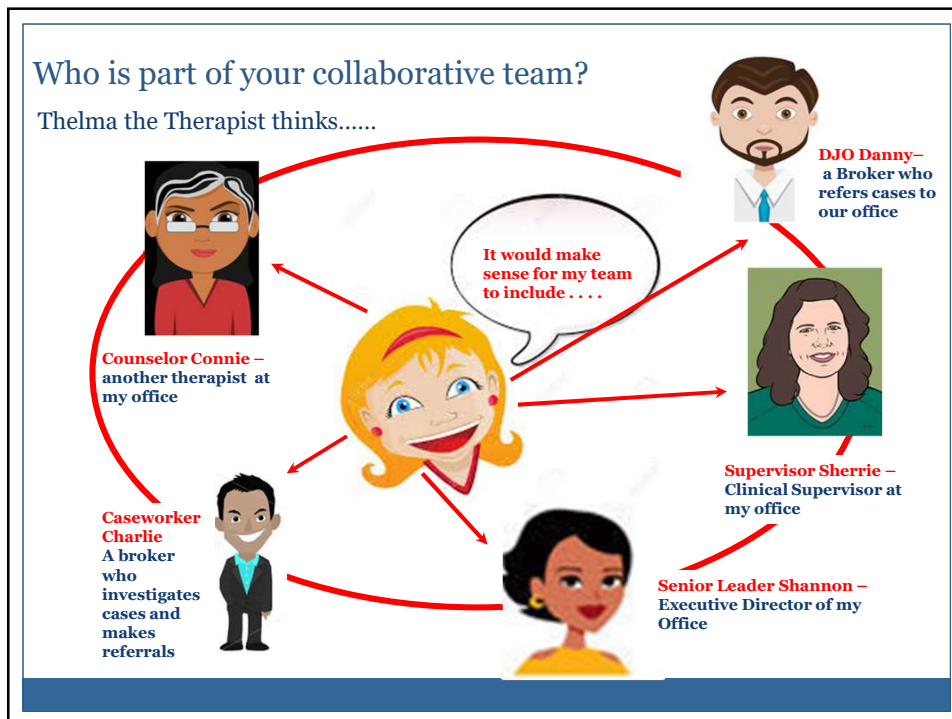
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## Who is part of your collaborative

Thelma the Therapist thinks.....



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**Questions to consider to help assemble your team**


**MoACTS** Missouri Children's Trauma Network


- 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 litem
  - CASA workers
  - Health Professionals
  - Advocates
  - School Staff

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## 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?

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## 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!








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## 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!**

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## Collaborative Teams




- Teams will be asked to complete and submit an application by the deadline of **Monday, February 1<sup>st</sup> at 5:00pm, 2021.**
- 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!

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## Application Packets



- **The Learning Collaborative uses an online application that can be found here:**  
<http://bit.ly/MoCo2021App>
- **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.

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## 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.
- Selected teams will be provided the TF-CBT book
- 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!


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## Why is it worth YOUR time to participate?



- “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”.




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## 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.**



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## Contact us!

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