

Bringing Resiliency After Trauma

Community Dissemination of an Evidence
Based Trauma Intervention for Youth



Proof of Concept Study

- Demonstrates impact of grant on consumer outcomes
 - Multi-state evaluation – 9 states
 - Focus is on enhancing youth resiliency
 - Two communities
 - Enrollment of 75 youth in each community
 - Baseline and 12-month assessments

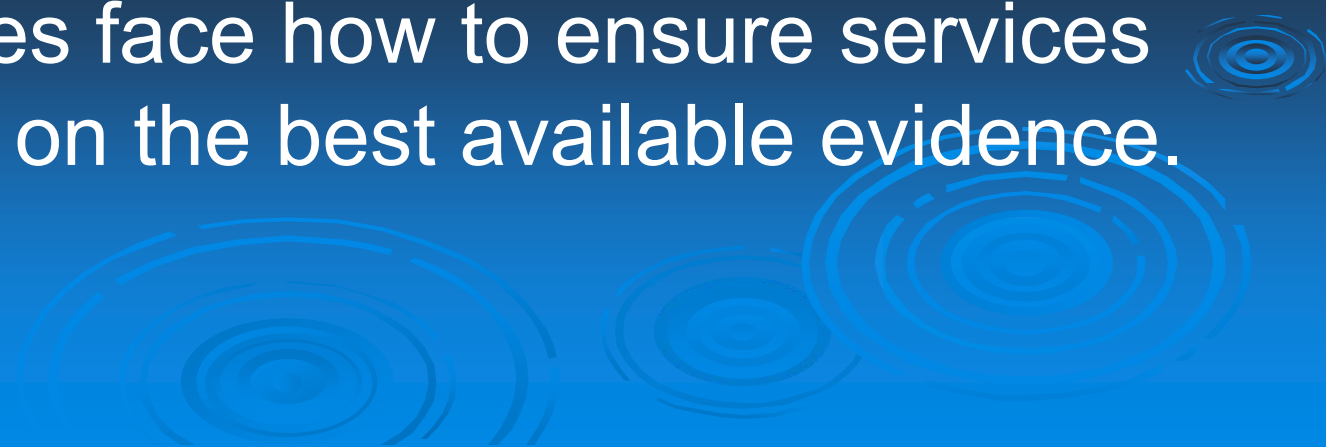


Texas Youth Project

- Why did we choose this project?
- How will we study the effectiveness?
- What do we hope to learn?
- What are some preliminary findings?



Why Focus on EBPs?


- It takes **17 years** for scientific data to trickle down into practice.
 - Only 10-20% of families receive treatment based on the latest evidence.
 - Workshops and CEUs are not sufficient for provider behavior change.
 - All agencies face how to ensure services are based on the best available evidence.
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Why Focus on Childhood Trauma?

- One large study (Costello, 2002) suggests that 25% of all children/adolescents have experienced a traumatic event before age 16 and 6% at least one in prior 6 months
- Mental Health Connections (Tarrant County Community Collaborative) set the stage



Strengths of TF-CBT

- SAMHSA Model program, strong research support
 - Effective for wide population
 - Youth 3 to 18 years old
 - Variety of trauma experiences
 - Successful with different cultural groups
 - Relatively brief – 12 to 16 sessions
 - Training and dissemination support
 - Developed with input from a variety of stakeholders
 - Delivered in a wide array of settings
 - Culturally adapted to ensure treatment effectiveness with various populations
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Research Behind TF-CBT

➤ Trauma-Focused CBT

- 7 randomized controlled trials
- Has performed better than wait list, usual treatment, non-directive supportive treatment, child centered play therapy
- Has resulted in fewer sx of traumatic stress, depression, anxiety, oppositional behaviors
- Has resulted in reductions in parental distress, depression and better parenting skills

Elements of TF-CBT

- P: Psycho-education
- P: Parenting skills
- R: Relaxation
- A: Affect regulation
- C: Cognitive restructuring
- T: Trauma narrative
- I: In-vivo desensitization
- C: Conjoint parent-child sessions
- E: Enhanced child's safety



Study Design

Ft. Worth:
Dissemination
with Expert TA

Pre-
treatment

Post-
treatment

12-Month
Follow-up

Austin:
Dissemination
with Local TA

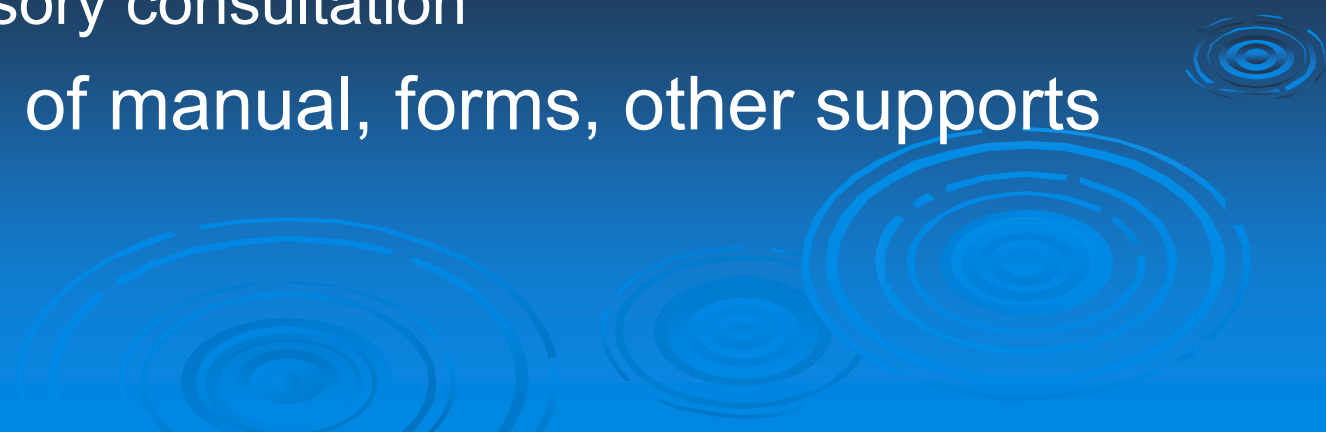
Pre-
treatment

Post-
treatment

12-Month
Follow-up



Implementation Plan

- Training of Clinicians and Supervisors
 - 10 hour web-based training
 - 2-day workshop with certified trainer
 - Two technical assistance models
 - Ft Worth: Bi-weekly TA with certified trainer
 - Austin: Local expert supervision with monthly supervisory consultation
 - Provision of manual, forms, other supports
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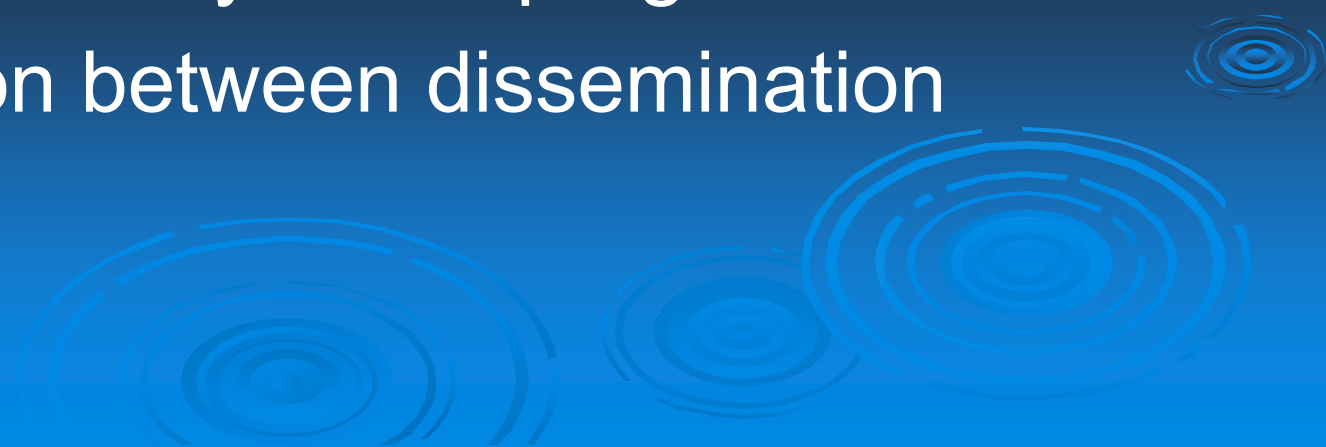
Implementation Plan

➤ Support for Adoption

- Agency implementation teams (senior leader)
- Consultation with certified trainer
- Support from project staff (data feedback)
- Opportunities to share lessons across teams



Evaluation Plan

- Determine the impact of TF-CBT on:
 - Youth resiliency
 - Trauma-related symptoms
 - Overall behavioral and emotional problems
 - Parental distress
 - Determine fidelity to the program
 - Comparison between dissemination strategies
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Types of Agencies Participating

- MHMRs
- Domestic Violence Shelters
- Child Advocacy Centers
- Juvenile Justice Services
- Partial Hospitalization Program
- Non-profit MH Agencies
- Non-profit Social Service Agencies
- Private MH Providers

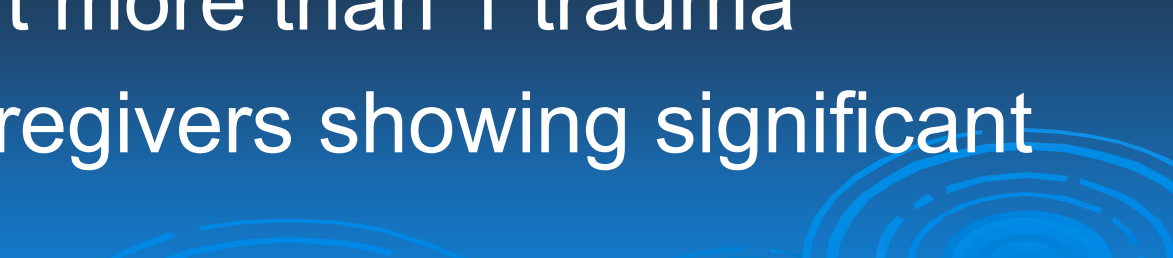
50 providers participating representing 17 agencies

Characteristics of Therapists

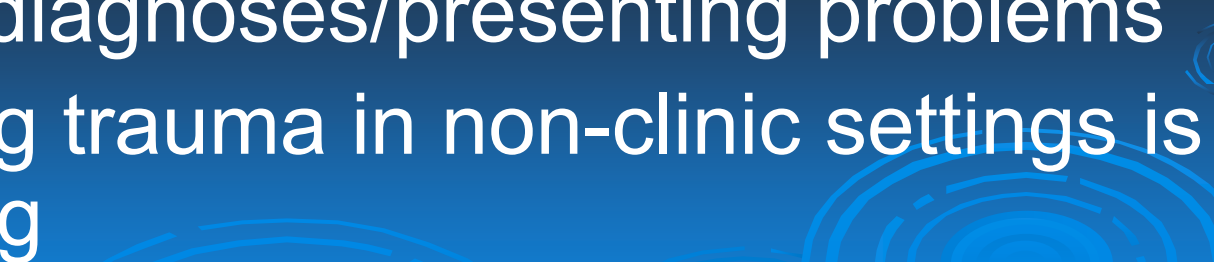
- 13% Hispanic – 11% Black – 63% White
- Average of 8.7 years of therapy experience
- 41% social work – 34% LPC – 5% Psych
- 18% not yet licensed (interns)
- Report fairly knowledgeable/experienced in CBT
- Report limited knowledge/experience with TF-CBT



Snapshot of Youth/Caregivers

- ***Enrollment is on-going***
 - 32% male
 - 41% Hispanic – 23% Black – 7% Am Ind
 - Most common traumas are death/serious injury of a loved one & domestic violence
 - 81% report more than 1 trauma
 - 83% of caregivers showing significant distress
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Some Preliminary “Findings”

- Therapists are enthusiastic about learning new treatment approach
 - Therapists appreciate flexibility!
 - Agencies have more difficulty “finding” appropriate youth than they expect
 - Youth in need of trauma treatment have a variety of diagnoses/presenting problems
 - Addressing trauma in non-clinic settings is challenging
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Information Sharing

- Community Stakeholder Training
- Monthly Newsletters
- Building Resiliency Website
- Community Presentations
- Publications





Building Resiliency After Trauma

- Home
- Partners
- Participating Agencies
- Impact Of Trauma
- About TF-CBT
- Research & Evaluation
- Therapist Resources
- Monthly Newsletters
- Documents & Reports
- Program Contacts

Effective treatments take 15 to 20 years to become incorporated into routine health care (Institute of Medicine, 2001).

The Texas Mental Health Transformation initiative has begun a project to support the dissemination of an evidence-based treatment for youth who have experienced trauma. Building on the work of two Texas System of Care communities, providers are implementing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) within their service systems. Receiving training and on-going support from a certified trainer, therapists are increasing access to this treatment within their local communities. An evaluation of this effort will focus on the outcomes for youth and families involved in the project.

Please explore our website and learn more...



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