



BUILDING RESILIENCY AFTER TRAUMA

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A Newsletter from the Texas Mental Health Transformation Initiative

FIRST BRICKS LAID IN BUILDING RESILIENCY PROJECT

Providing effective, efficient treatment to children and adolescents is critical to ensuring youth have the resiliency necessary to weather difficult life events. One treatment approach has been shown to help families respond to traumatic life experiences. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) provides children and caregivers with critical skills that help them overcome these experiences. But how do youth get access to this valuable treatment?



Building Resiliency After Trauma, an initiative to disseminate the evidence-based treatment Trauma-Focused Cognitive Behavioral Therapy, was initiated in January 2009. The goal of the project is to expand the availability of this effective intervention by partnering with child-serving agencies. The treatment targets youth who experience mental health difficulties following exposure to one or more traumas, and their families.

Two innovative Texas communities, Tarrant County in Ft. Worth and Travis County in Austin have undertaken this effort. Both communities have successful Systems of Care, Mental Health Connection in Fort Worth and The Children's Partnership in Austin. These organizations represent long-standing relationships amongst

agencies, providers, and families interested in the mental health of children in the community.

On January 15th and 16th, 55 individuals attended a 2-day training in Ft. Worth to expand their knowledge and skills in TF-CBT. Dr. Susana Rivera, program director of the Border Traumatic Stress Initiative at SCAN, Inc. in Laredo and a certified trainer in TF-CBT, provided clinicians with the opportunity to practice and further explore the treatment techniques. A second training for Travis County providers was held February 19th and 20th and included 27 participants. Clinicians and/or their supervisors will continue to receive coaching and technical assistance from Dr. Rivera through regular telephone conferences for the next nine months.

Clinicians are actively recruiting youth and families for whom TF-CBT is appropriate. A comprehensive evaluation is planned to understand the impact of the initiative on community agencies, service providers, youth and families.

Highlights

- 50 clinicians are participating in the project
- 17 different agencies are involved
- Clinicians have participated in 10 hours of web-based training and 2 days of live training
- Agencies are identifying youth and families to receive TF-CBT

EYE ON EVALUATION

(This section will provide information about the project's evaluation. Data will change throughout the program, and findings to date should be considered tentative. However, feedback from an on-going evaluation can inform service delivery and implementation.)

The provider agencies participating in Building Resiliency each completed a readiness survey identifying their current readiness to implement TF-CBT. Agencies rated their organization's readiness on factors such as appropriate clientele, leadership and staff readiness, supervision practices, stakeholder support, financing, staff education, and technology.

Overall, agencies perceived themselves to be ready to implement TF-CBT "to a large extent," representing an average rating of "4" on a 1 to 5-point scale. The agencies indicated several organizational strengths, including the support of agency and clinical leadership for the adoption of TF-CBT, the willingness of supervisors to learn about the new practice through training, and clinician and supervisor access to the internet, intranet, and e-mail to support learning. Agencies perceived the biggest challenges to be the gathering of information about key stakeholders within the agency who may be affected by the new practice (e.g.; intake, records, and billing personnel), the development of targeted information that informs stakeholders about the new practice, and the availability of funds to pay for added costs of implementing and delivering the new service.

CLINICAL CORNER

(Adapted from Treating Trauma and Traumatic Grief in Children and Adolescents by Drs. Cohen, Mannarino and Deblinger. New York: Guilford Press, 2006.)

Spotlight on Assessment: Research indicates that a parent's level of distress and coping abilities greatly impact their child's response to both the traumatic event(s) he/she experiences and to treatment. Therefore, it is critical to assess for the parent's history of trauma exposure and their adjustment to these events. Clinicians should interview the parent about the circumstances and impact of the parent's trauma history, as well as the impact of the child's trauma on the parent. Information about both helpful and unhelpful coping strategies that the parent has used can provide additional information relevant to the youth and family's response to the child's trauma experiences. This information may also suggest the need for additional services to address the parent's distress or mental health difficulties.

SUGGESTED DISCUSSION QUESTIONS FOR AGENCY IMPLEMENTATION TEAMS

(Each participating agency has identified a TF-CBT Implementation Team, made up of a Senior Leader, Supervisor(s), and Clinicians. This team meets throughout the project period to identify and resolve issues and barriers within their agency.)

- Are agency leaders, staff, and stakeholders adequately informed about the project?
- What barriers exist within the agency to screening children for trauma exposure and related symptomatology?
- Are processes in place for appropriate referrals to be directed to clinicians participating in the project?

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