



BUILDING RESILIENCY AFTER TRAUMA

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A Newsletter from the Texas Mental Health Transformation Initiative

TF-CBT Developer Visits the Lone Star State

Dr. Anthony Mannarino, one of the three developers of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), traveled to Texas in early March to share his expertise with the Tarrant and Travis County communities. Dr. Mannarino provided workshops in both towns, speaking to audiences of parents and mental health advocates, agency executives, mental health providers, and state agency leaders. Over the two days, more than 100 individuals learned more about Dr. Mannarino's exiting work to understand the impact of traumatic events on children and families and to develop effective treatment strategies.

Words of Wisdom from Dr. Mannarino

- Exposure to traumatic events is very common, with one study suggesting up to 25% of children exposed by age 16.
- TF-CBT should not be implemented rigidly, but should focus on the family's strengths and needs.
- Unless encouraged, youth will not discuss their experience of the traumatic event in therapy.
- Implementation of TF-CBT requires support and effort from all levels of an agency.

In addition to describing the prevalence of trauma in children and adolescents and the common psychological sequelae, Dr. Mannarino highlighted the key components of TF-CBT using clinical examples. Dr. Mannarino emphasized the value that TF-CBT places on the family's cultural beliefs and discussed the inclusion of various ethnic groups in the empirical studies of the model. In addition, cultural modifications for both Latino and American Indian populations are being evaluated.

Dr. Mannarino shared some of the exciting activities directed at advancing TF-CBT. These include a plan to develop a therapist certification program that would allow for a national database of TF-CBT providers. He and his collaborators are also developing a web-based consultation system in which TF-CBT therapists can pose

questions and access written answers and video demonstrations of important clinical issues.



During informal gatherings, Dr. Mannarino learned about the Building Resiliency After Trauma initiative and expressed his excitement about the community leadership evident in these efforts. As expressed by one workshop participant, "It's a good start for Texas!"

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.)

Fifty therapists have enrolled in the Building Resiliency study. Each therapist provided information about their professional experiences prior to client enrollment, with 88% of surveys received to date. The current data illustrates that the participating therapists have significant professional experience, with an average of 8.7 years of therapy experience and 5.75 years of experience post-licensure. Forty-one percent are licensed as social workers (LCSW or LMSW), with 34% as licensed professional counselors and 5% as psychologists. Two percent are licensed as marriage and family therapists and 18% are interns or associates.

Therapists in both communities felt fairly knowledgeable about and experienced with cognitive behavioral therapy, with the average rating between "Some" and "A Lot," represented by an average of "3.5" for knowledge and "3.3" for experience on a 1 to 5-point scale. The therapists indicated less knowledge and experience with TF-CBT, with an average rating between "Minimal" and "Some," as indicated by an average of "2.7" and "2.1," respectively, on the 1 to 5-point scale.

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 Psychoeducation: One component of psychoeducation is providing youth and caregivers with information about the child's diagnosable disorders. This information should be provided in simple, "layperson" language. For the child diagnosed with PTSD, reexperiencing symptoms can be described as painful reminders of the trauma and avoidant symptoms as an attempt to escape from the emotional pain. Hyperarousal symptoms can be explained as an indication that the trauma has overwhelmed the child's physical ability to cope. Providing straight-forward information about relevant symptoms and diagnoses helps the youth and caregiver better understand the difficulties they are experiencing.

Key Components of Psychoeducation

General information about the traumatic event	Specific information about the child's diagnosis
Common emotional and behavioral responses to trauma	Descriptions of available treatments
Strategies to manage current symptoms	

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 staff (e.g., intake workers) able to provide basic psychoeducation related to trauma to help normalize the experiences of children and families?
- What barriers exist to involving caregivers significantly in therapy?

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