

Evidence Based Treatments for Trauma and The State of Maine's Efforts to Increase Access to EBPs for Youth

June 2021



Objectives:

- Define Evidence Based Practices (EBP)
 - Describe the Importance of EBP
 - EBP Panel Presentations
 - Introduce DHHS and other efforts to increase EBP
 - Resources
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Evidence Based Practices Defined

- ▶ Treatment models that have been tested multiple times on specific groups of children, usually with a specific diagnosis
- ▶ Treatment is specified, usually in a manual that clearly outlines the steps to the treatment model
- ▶ Usually includes treatment adherence measures that ensure fidelity to the model

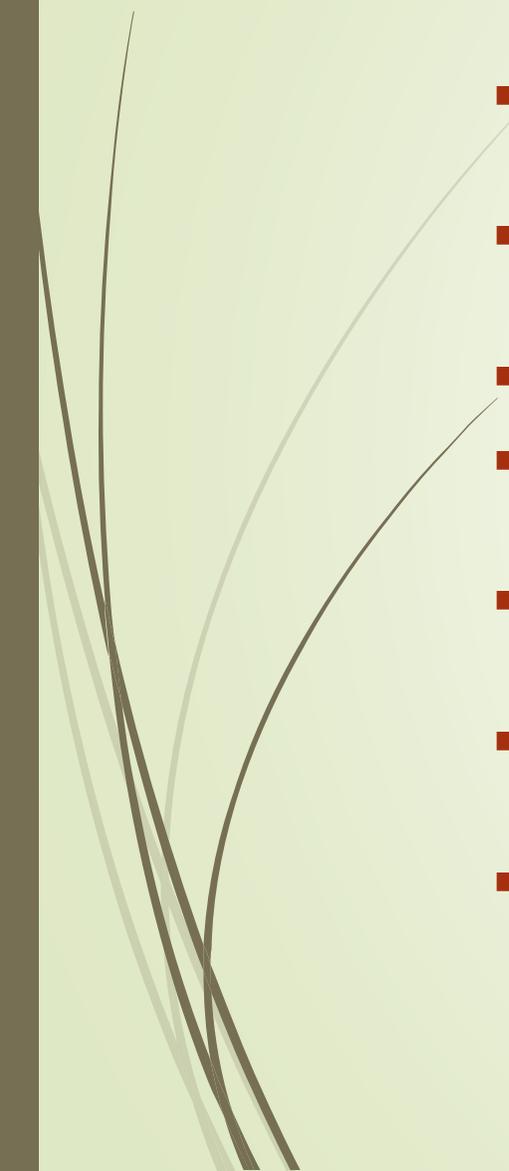
<http://www.cebc4cw.org/>



CORE COMPONENTS OF EBP

Good Interventions:

- ▶ Use assessment tools to define challenges and develop focused treatment plan
- ▶ Set individualized goals related specifically to referral behaviors
- ▶ Are developmentally appropriate
- ▶ Emphasizes family involvement & other supports
- ▶ Target risk and protective factors & related needs
- ▶ Demonstrate positive outcomes
- ▶ Reframes and develops an understanding of the behaviors
- ▶ Focus on developing emotional regulation skills for youth and caregivers
- ▶ Focus on reward based, non-punitive collaborative parenting & behavior management

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- ▶ Targets individual interest of the youth which may be aligned with pro-social values
 - ▶ Emphasizes comprehensive treatment system intervention, rather than a specific technique.
 - ▶ Therapist adherence to the model is crucial – intensive supervision of staff (clinical and direct)
 - ▶ Program uses clear fidelity measures to each model
 - ▶ Assists family in providing supervision and positive discipline tailored to the individual needs of their youth through teaching and modeling
 - ▶ Teaches skills that are easily generalized and transferred to home/community – skills can easily taught to other caregivers
 - ▶ Family and youth are given opportunities to practice the skills in the milieu, in the home and in the community with staff support
 - ▶ Clinician uses outcome measures regularly



ASK QUESTIONS and HAVE EXPECTATIONS

- ▶ Ask providers to identify the treatment model they plan to use and why.
 - ▶ You can even ask about their training in the model.
- ▶ If providers do not use a “name brand” evidence based practice, ask how they incorporate the core components of an EBP into their treatment
 - ▶ Be looking for caregiver involvement, outcome measures, planned sessions, etc
- ▶ Expect the treatment plan to be specific and updated regularly.
- ▶ Expect treatment plans to be specific to the individual youth and their families identified needs



PANEL PRESENTATION

- **ALLEGRA HIRSH-WRIGHT, LCSW** is the Training Manager and a Project Director within the Department of Clinical Innovation at Maine Behavioral Healthcare. Ms. Hirsh-Wright has expertise in direct clinical practice, as well as training, supervision, dissemination and implementation of three evidence-based child trauma treatment models (TF-CBT, CPP, and CFTSI). Allegra is a nationally certified TF-CBT Clinician and Clinical Supervisor, has specific expertise in the areas of secondary trauma, burnout and professional resilience, and, as a member of the Secondary Traumatic Stress Workgroup for the National Child Traumatic Stress Network, has contributed to fact sheets and a national website on secondary traumatic stress and professional resilience. Allegra has also co-authored an article on childhood exposure to violence and is an adjunct professor in the School of Social Work at the University of Southern Maine.
- **LAUREN HOLLEB, PhD** is an Associate Professor of Psychology at Husson University and a licensed psychologist in part-time private practice. She is a Parent-Child Interaction Therapy (PCIT) International Certified Therapist who provides therapeutic services to children and their families and conducts early childhood evaluations. She received her PhD in Developmental-Clinical Psychology from the University of Maine and completed her postdoctoral fellowship at Cincinnati Children's Hospital Medical Center. Her published works include journal articles and book chapters on peer relationships, social skills, and social development.
- **RITA ALFONSO LABARBERA, MSW, LCSW, CSP, MFA** is currently the Program Director of Day Treatment and Residential Services for Spurwink in Cornville. She has over 30 years of experience providing mental health services including therapy, mobile crisis, adult ACT team, day treatment, school social work, and foster care services. She is trained in the Attachment, Regulation and Competency (ARC) model.



Evidence Based Interventions for Youth In Maine

- Attachment, Self Regulation, and Competency (ARC)
- Parent-Child Interaction Therapy (PCIT)
- Child –Parent Psychotherapy (CPP)
- Child and Family Traumatic Stress Intervention (CFTSI)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Promising: Eye Movement Desensitization and Reprocessing (EMDR)

- Child Parent Psychotherapy National Roster
<https://childparentpsychotherapy.com/resources/roster/>
- TF CBT National Certification Roster <https://www.tfcbt.org/members/>



Attachment, Regulation and Competency (ARC)

- What It Is: A comprehensive framework for intervention with youth exposed to complex trauma that focuses on attachment, child development, traumatic stress impact and factors promoting resilience
- Target Population: Age 2-12 who have experienced complex trauma



Parent Child Interaction Therapy (PCIT)

What It Is: Intervention focusing on decreasing externalizing child behavioral challenges by increasing child social skills and cooperation and improving the parent-child attachment.

Target Population: Children ages 2 - 7 years old with behavior and parent-child relationship problems; may be conducted with parents, foster parents, or other caretakers



Child Parent Psychotherapy (CPP)

What It Is: Strengthens the relationship between a child and caregiver to restore the child's sense of safety and attachment and heal from past trauma

Target Population: Children age **birth through age 6** who have experienced at least one traumatic event and, as a result, are experiencing behavior, attachment, and/or mental health problems, **and their primary caregiver(s)**



Child and Family Traumatic Stress Intervention

What It Is: Treatment that is delivered in the peri-traumatic phase; increases family support and helps improve communication about the child's reactions to the event, in order to reduce negative reactions and symptoms

Target Population: Youth aged 7-18 who have recently experienced a traumatic event, disclosed physical or sexual abuse, and their primary caregiver(s)



Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

What It Is: Combines trauma sensitive interventions and CBT with the goal of reducing trauma symptoms

Target Population: Youth, aged 3-18, experiencing emotional and behavioral difficulties related to traumatic life events

Caregivers must be involved

P.R.A.C.T.I.C.E.



Eye Movement Desensitization Reprocessing (EMDR)

What It Is: Individual psychotherapy designed to reduce symptoms of anxiety and depression related to trauma

Target Population: Youth ages 4-17. Not as well studied in youth with complex trauma as TF-CBT



State of Maine Efforts to Increase Access to Effective Trauma Treatment Interventions

- ▶ Statewide Strategy to Increase Access to Evidence Based Treatment Interventions
 - ▶ OCFS: TF-CBT Training at no- cost for 160 clinicians, Triple P (Positive Parenting Program) at no cost for up to 120 clinicians who will receive \$25/hour stipend for training time and 1 year worth of necessary materials.
 - ▶ Exploring expanding PCIT training
 - ▶ Systematic Approach to Trauma Informed Care
 - ▶ Researching other EBPs to provide training



Other Efforts

- ▶ Central Maine Youth Trauma Initiative
 - ▶ Over 3 years, National Child Traumatic Stress Network will support Maine General Hospital and Kennebec Behavioral Health Services in training clinicians in Kennebec and Somerset counties in 3 EBPS- PCIT, TF-CBT and ABC (Attachment, Biobehavioral Catch up)
- ▶ Maine Behavioral Healthcare
 - ▶ Over the past 14 years, MBH has trained over 400 clinicians in TF-CBT, CPP, and CFTSI. MBH continues to support clinicians across the state by providing clinical consultation in these models. MBH employs the only nationally certified TF-CBT supervisor and the only three nationally certified TF-CBT consultants in the state.

RESOURCES:

- ▶ Agencies Trained in Evidenced Based Trauma Treatments
 - ▶ <https://mainehealth.org/-/media/community-health/aces-documents/21agenciestrainedevidencebasedtraumatreatments.pdf?la=en>.
- ▶ Maine Resilience Building Network
 - ▶ <https://maineresilience.org/>
- ▶ Maine Behavioral Healthcare
 - ▶ <https://mainehealth.org/maine-behavioral-healthcare/services/counseling-therapy-services-adult-child/trauma>
- ▶ National Child Traumatic Stress Network
 - ▶ <https://www.nctsn.org/>
- ▶ SAMSHA Substance Abuse and Mental Health Services Administration
 - ▶ <https://www.samhsa.gov/>