

Strategy for the Evidence-Based Aspects of the Family First Service Continuum

Models Recommended for the Mental Health Services Array

Spotlight on



Presenter

Monica M. Fitzgerald, PhD

Facilitators

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www.ColoradoLab.org



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Welcome!

Please drop your name/agency in the chatbox

- Framing from the Colorado Lab and CDHS
- Spotlight on TF-CBT
- Time for Q&A at end
 - Submit questions in chatbox along the way!
- Wrap-up

Today's session runs from 12pm – 1pm



Project Purpose

Develop a short-, medium-, and long-term strategy for expanding Family First-eligible prevention services in Colorado

- Generate recommendations:
 1. for the **creation of an evidence-based service continuum** matched to needs.
 2. to **maximize federal drawdown**, including which services on the continuum should and should not be funded through Title IV-E prevention dollars.



Partnership Between



COLORADO
Office of Children,
Youth & Families
Department of Human Services



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Step 1: Initial Approach to Defining a Strategy

Goal: Synthesize existing information to identify alignment between documented needs within Colorado and evidence-based services rated by the Title IV-E Clearinghouse. To do this, we:

- Gathered needs assessment data/reports
- Identified **“anchor”** program within each domain
- Identified **“complementary”** services to create a more comprehensive array

Mental Health

In-Home Parent-Skill-based

Substance Use

Kinship Navigator



Purpose of These Info Sessions

- To provide a foundational orientation to recommended models for the mental health services array
- Guiding Question: Is this a service you want to bring to your communities and/or scale?

Opening Remarks

- **Heather Durosko**, Senior Business Analyst/Senior Fellow, Colorado Human Services Directors Association (CHSDA)





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Mental Health Services

1. Mental health needs of children and youth
2. Family functioning

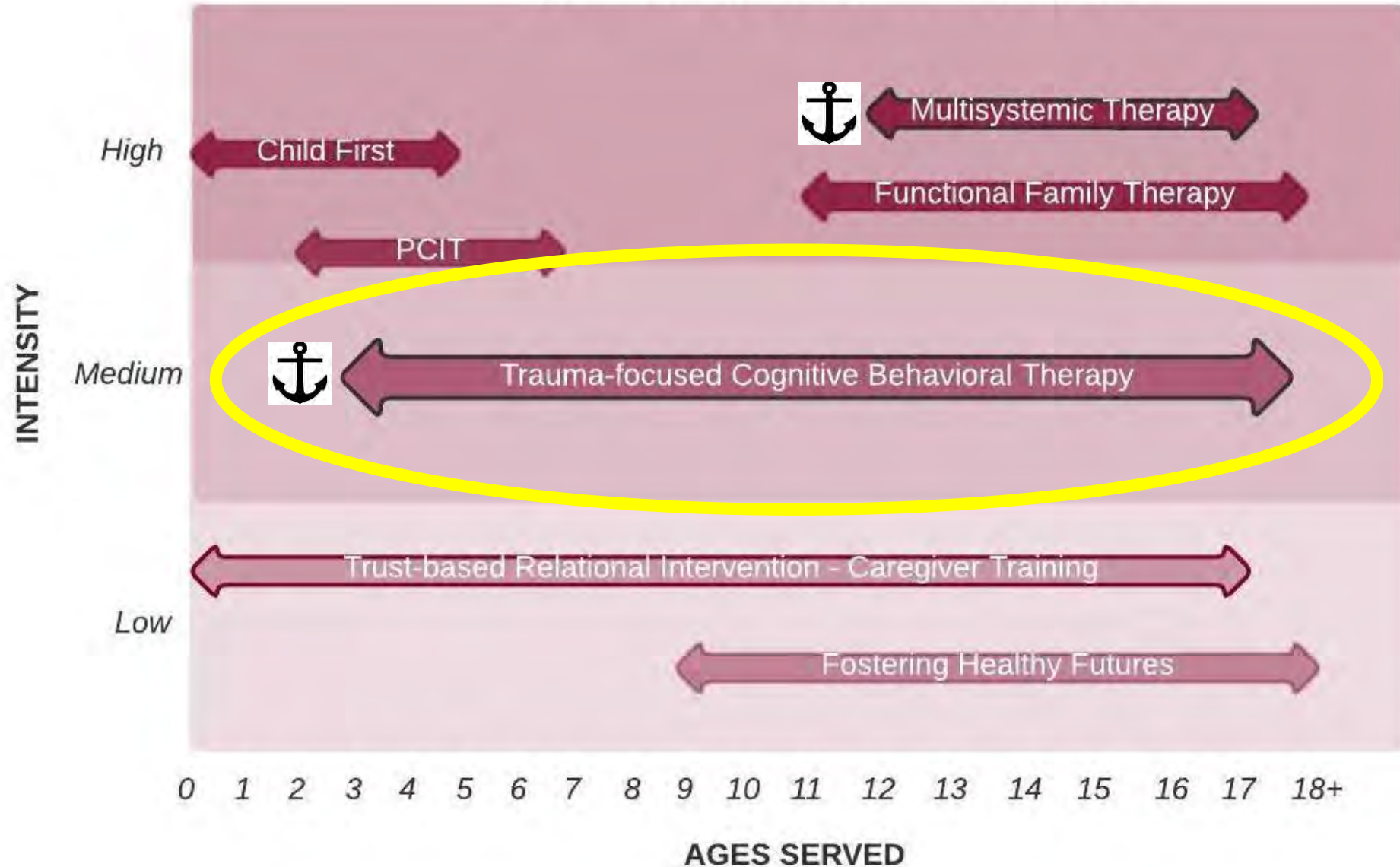
Mental Health Services

Continuum of Mental Health Services

Anchor Services:

TF-CBT: Mental Health of Youth

MST: Family Functioning Needs



TF-CBT Evidence Rating

According to the Title IV-E Prevention Services Clearinghouse

TF-CBT: Promising (mental health programs/services)

| | <input checked="" type="checkbox"/> to Verify |
|--|--|
| There is <i>NOT</i> sufficient evidence of risk of harm such that the overall weight of evidence does not support the benefits of the program or service. | |
| | <input checked="" type="checkbox"/> the Designation and Provide a Response to the Questions Relevant to that Designation |
| Well-Supported | |
| <ul style="list-style-type: none">• Does the program or service have at least two eligible, well-designed and well-executed studies with non-overlapping samples² that were carried out in a usual care or practice setting? | |
| <ul style="list-style-type: none">• Does one of the studies demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome? | |
| Supported | |
| <ul style="list-style-type: none">• Does the program or service have at least one eligible, well-designed and well-executed study that was carried out in a usual care or practice setting and demonstrate a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome? | |
| Promising | |
| <ul style="list-style-type: none">• Does the program or service have at least one eligible, well-designed and well-executed study and demonstrate a favorable effect on at least one target outcome? | |



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& Now...the main show!





Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) An Overview

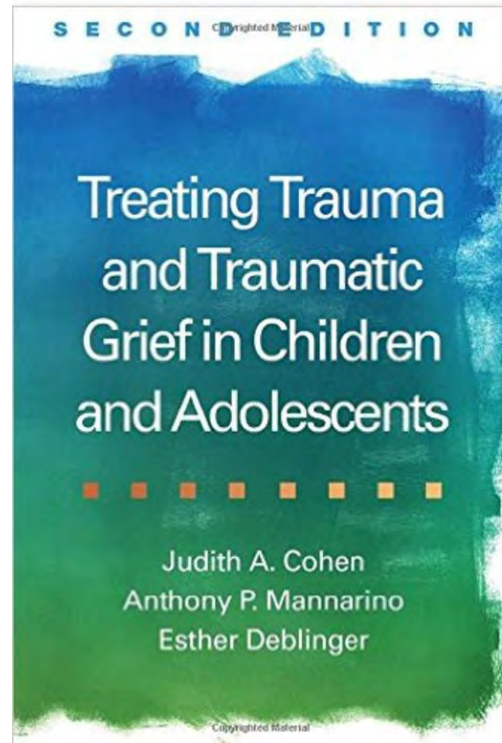
Monica M. Fitzgerald, Ph.D.
TF-CBT Certified Trainer
Clinical Psychologist
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Institute of Behavioral Science
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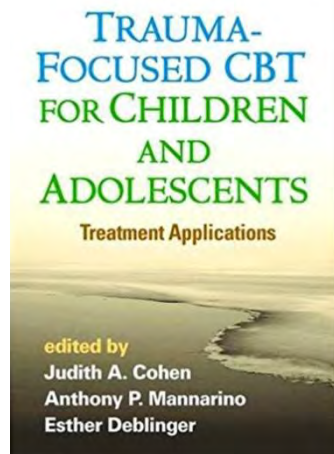
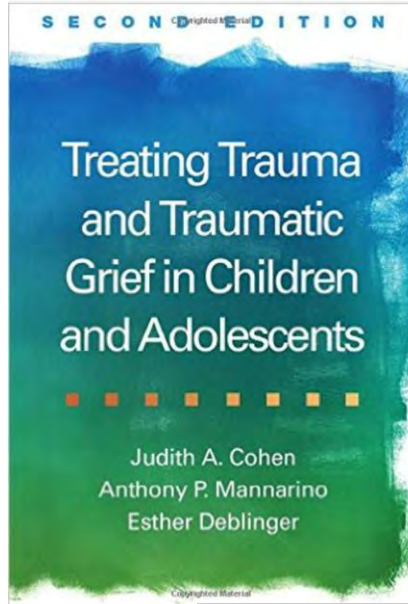


Trauma-Focused Cognitive Behavioral Therapy



tfcbt.org

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Main Resources



The screenshot shows the website for TF-CBT Web 2.0. At the top left is the MUSC Medical University of South Carolina logo. A navigation menu includes HOME, INTRODUCTION, RESOURCES, CONTACT US, and LOGIN. A central image of a young girl is on the left. The main heading is 'TF-CBT Web 2.0' with the subtitle 'A course for Trauma-Focused Cognitive Behavioral Therapy'. Below this is a list of course topics: Foundations of TF-CBT, Psychoeducation, Parenting Skills, Relaxation, Affect Identification & Regulation, Cognitive Coping, Trauma Narration and Processing I, Trauma Narration and Processing II, In Vivo Mastery, Conjoint Parent-Child Sessions, and Enhancing Safety & Future Development. At the bottom are logos for Allegheny Health Network, Rowan Medicine CARES INSTITUTE, and NCTSN The National Child Traumatic Stress Network. Footer text includes 'System Requirements | Credits | CEU Statement', 'Copyright 2017', and 'Medical University of South Carolina All Rights Reserved'.

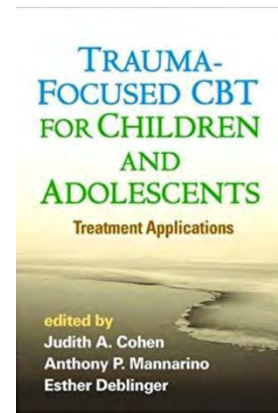
<https://tfcbt2.musc.edu/>

TFCBT *Web*^{2.0} en Español

www.musc.edu/tfcbtspanol

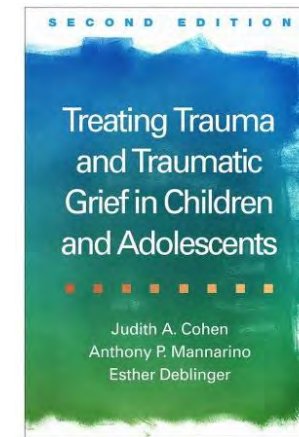
What is TF-CBT?

- **Components-based treatment** protocol
 - Integrates principles from CBT, attachment theory, developmental neurobiology, family therapy, humanistic therapy
- Goal is to empower children and families to recover
- Time limited, structured (8 - 20 sessions)
- Weekly sessions (1-2 sessions)
- Therapist is directive, active, collaborative
- Treatment settings: clinic, school, residential, home, inpatient, and telehealth



Who is TF-CBT for?

- Children 3-18 years with known trauma history
- Any type of trauma type – single, multiple, complex (abuse, DV, traumatic grief, disaster, war, accident, medical etc)
- **Prominent trauma symptoms** (posttraumatic stress/PTSD, depression, anxiety, with or without behavioral problems)
- Non-offending caregivers
- Parent/caregiver involvement is optimal, but not required



Why use TF-CBT?

The evidence!

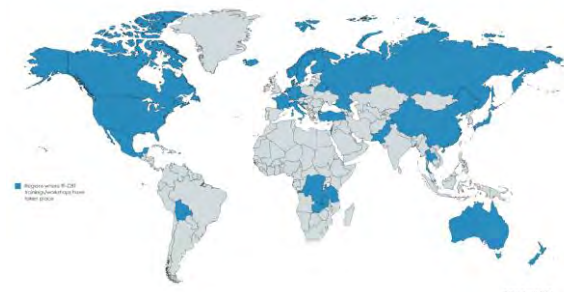


- Most rigorously tested treatment for traumatized children and youth (over **20** RCTs; **50+** publications)
- TF-CBT → greater improvement in youth PTSD, depression, anxiety, behavior problems, and personal resiliency compared to comparison or control conditions.
- Outcomes sustained (6 months, 1 year)
- Parents participating in TF-CBT also experienced greater improvement (less parental distress and depression, more parental support), compared to parents participating in comparison conditions.

Why TF-CBT?



- TF-CBT works for complex trauma
- Outcomes improve with parent involvement
 - Behavior problems especially
 - However, PTSD improves with direct child treatment if no caregiver present
- TF-CBT with engagement strategies effective with foster families
- A good fit for diverse cultural groups



Adaptations and Real-World Implementation



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<http://dx.doi.org/10.1037/amp0000691>

Listen, Don't Tell: Partnership and Adaptation to Implement Trauma-Focused Cognitive Behavioral Therapy in Low-Resourced Settings

Rosaura Orengo-Aguayo and Regan W. Stewart
Medical University of South Carolina

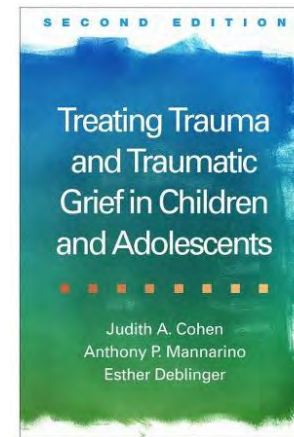
Bianca T. Villalobos and
Juventino Hernandez Rodriguez
University of Texas Rio Grande Valley

Aubrey R. Dueweke and Michael A. de Arellano
Medical University of South Carolina

John Young
University of Mississippi

Clinical psychological science has developed many efficacious treatments for diverse emotional and behavioral difficulties encountered by children and adolescents, although randomized trials investigating these treatments have disproportionately been conducted by American, university-based research labs. The subsection of the world population involved in these studies, however, represents very few people among those in need of psychological services whose voices, perspectives, and orientations to therapy have not generally been reflected in well-funded research trials. Dissemination and implementation of evidence-based services designed to meet the needs of this broader global population, therefore, may require cultural and contextual adaptation to be successful. The current article describes the implementation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in 3 separate low-resourced settings (rural South Carolina, Puerto Rico, and El Salvador) utilizing the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework and guided by a community-based participatory research framework. Emphasis is placed on description of program development, building collaborative and responsive partnerships, and

Who is Involved in Treatment?



- Children, siblings, and caregivers
- Caregivers = any non-offending adult who has a significant caregiving role in the child's life
 - Biological parents
 - Foster parents
 - Adoptive parents
 - Relatives offering Kinship Care
 - Case Workers
 - Milieu staff

What are the TF-CBT Components? A PRACTICE

Assessment and case conceptualization

Psychoeducation and **P**arenting Skills

Relaxation

Affective Identification and Regulation

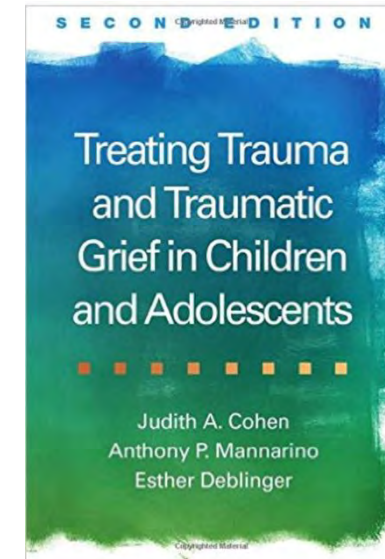
Cognitive Coping

Trauma Narration and Processing

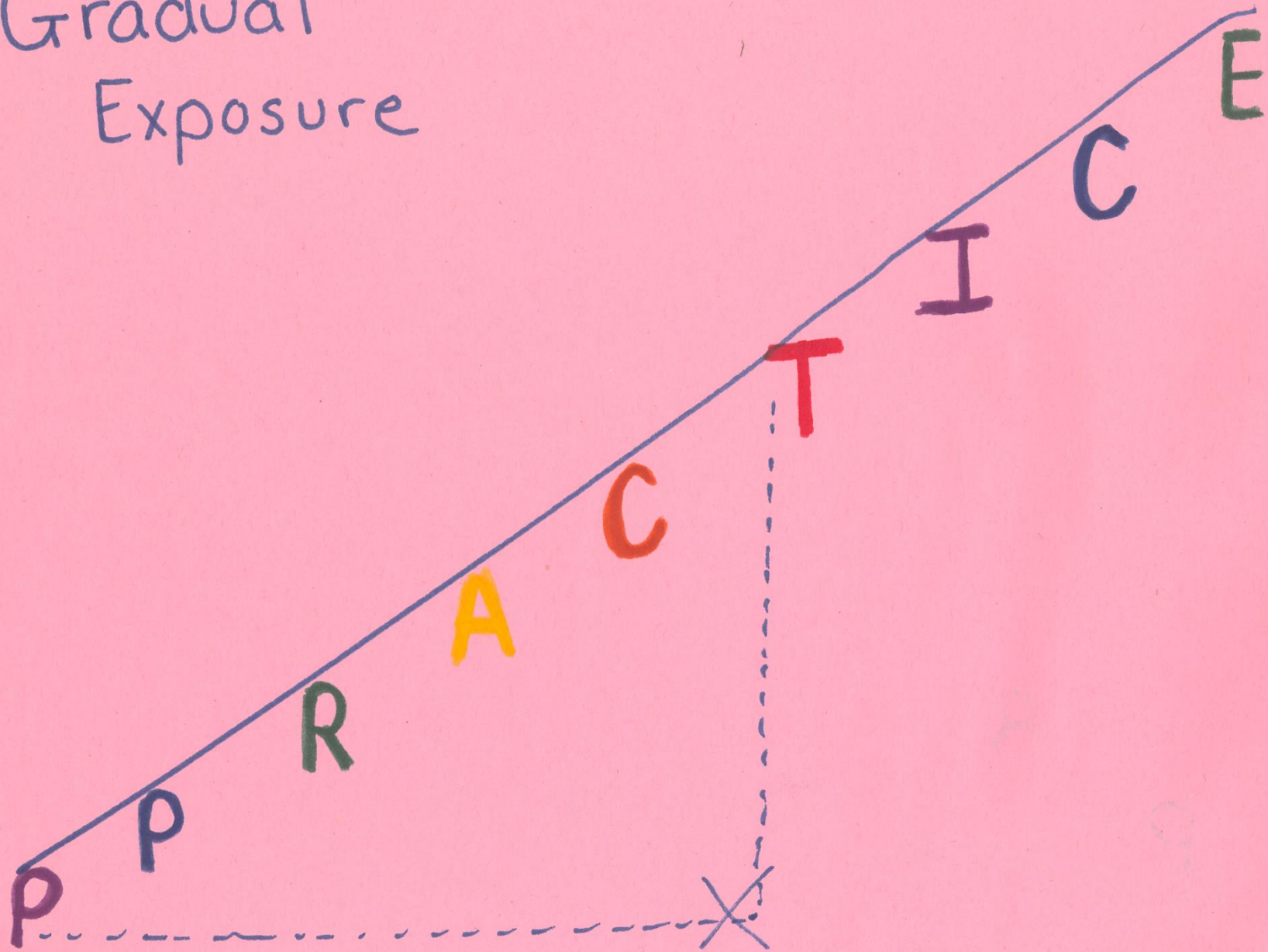
In Vivo Mastery

Conjoint Child-Parent Sessions

Enhancing Safety and Future Development

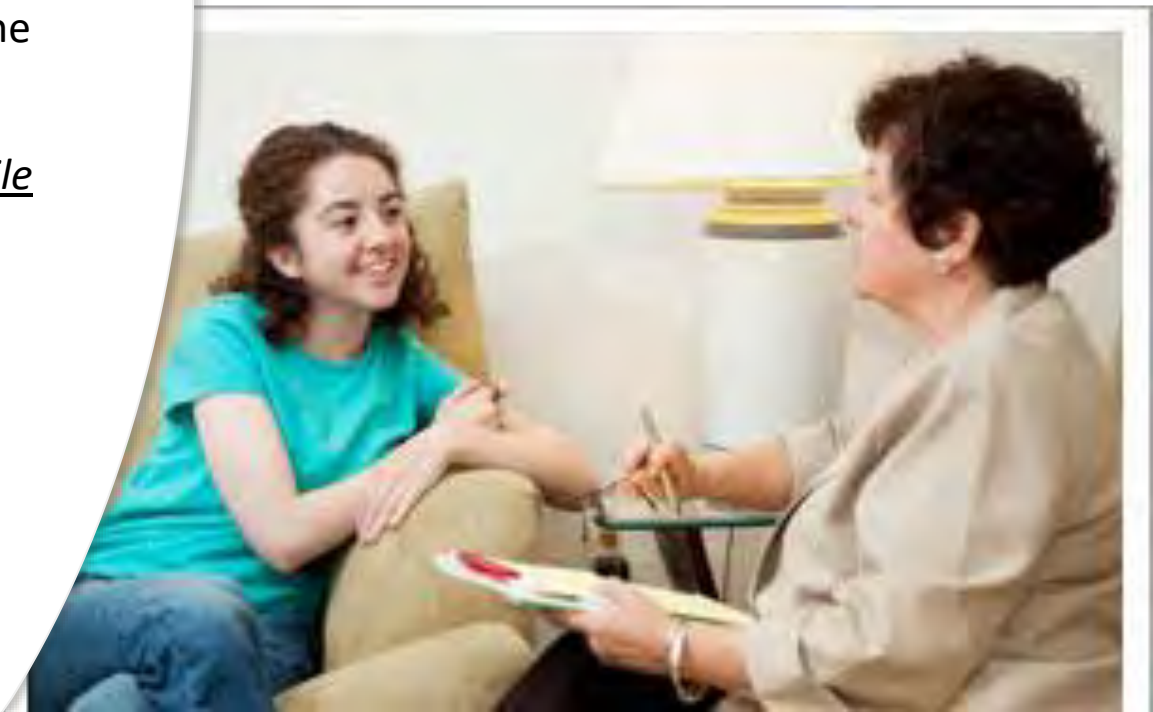


Gradual Exposure



TF-CBT: Therapist's Role

- Structure
 - Provide weekly sessions
 - Agenda-setting and youth choice time
 - Balance youth and parent time in session
 - Weekly Practice and Review
 - Be responsive to families while staying on track
- Directive yet collaborative
- Active
- Supportive
- Fun!
- Help youth feel sense of accomplishment



TF-CBT Components

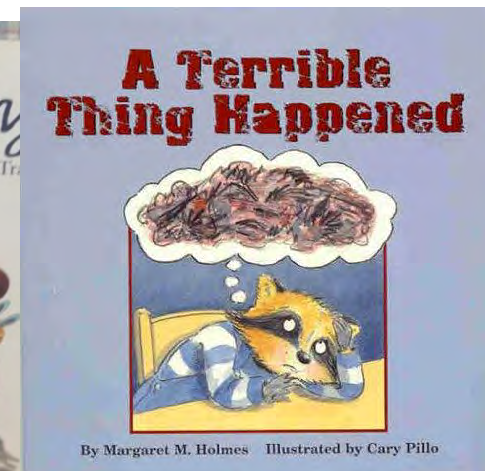
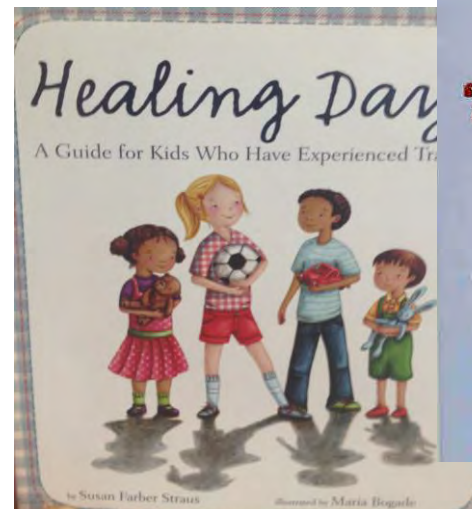
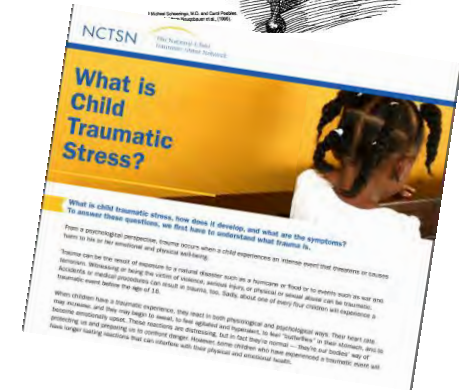
A look under the hood



Psychoeducation



- Define trauma and educate about trauma reminders and common reactions to traumatic experiences
- Provide information about PTSD or other trauma-related problems
- Normalize reactions
- Clarify misunderstanding
- Provide hope for recovery



Adapted Cohen

Parenting Component

- Parents or caregivers receive individual time in sessions for all PPRACTICE components.
- Caregiving skills to strengthen relationships including:
 - Praise, effective attention, warmth, behavior management skills
 - Help caregiver connect emotional and behavioral reactions to trauma experiences



Relaxation/Stress Management Skills

Reverse physiological arousal effects of trauma through:

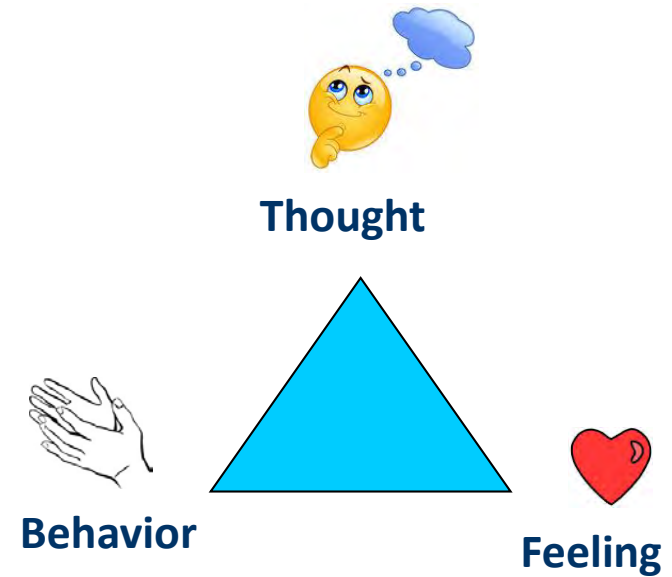
- Focused breathing, mindfulness
- Progressive muscle relaxation
- Exercise
- Yoga
- Meditation
- Music, dance, martial arts, blowing bubbles, reading, prayer, other relaxing activities
- Use relaxation strategies when trauma reminders occur



Cohen, 2014

Cognitive Coping

- Recognize connections among thoughts, feelings and behaviors
- Replace problematic thoughts with more accurate/more helpful ones
- Child's cognitive processing of personal trauma experiences typically occurs during the next phase (the trauma narrative phase)



Trauma Narration and Processing

- Use gradual imaginal exposure techniques that allow the child to experience the negative feelings, thoughts, images, and memories associated with the trauma in small doses in a safe environment.
- Gradually develop a detailed narrative of client's personal trauma experiences.
- Process using cognitive strategies learned earlier (changing inaccurate/unhelpful thoughts about the trauma)
- Meaning-making, acquiring new perspectives, finding themes of resilience and healing



In-Vivo Mastery of Trauma Reminders

- Using in-person, overt exposure techniques to reduce specific fears.
- For increasing sense of mastery over fears / trauma triggers (e.g., school, bathroom) and reducing avoidance
- Develop fear hierarchy, gradually master increasingly feared stimuli



Conjoint Sessions

- Client shares narrative with a supportive caregiver with support from therapist
- Parent provides a supportive response/messages
- Enhance child-parent trauma-related and general communication



Enhancing Safety and Future Development

- Safety plans for specific, needed situations
- Social skills, problem solving, risk reduction
- Additional skills based on individual needs



What do clinicians say about using TF-CBT?

- “I am able to continually evaluate where the children/family are at in the treatment process and can justify what I am doing to move them to their treatment goals. I feel it has helped with more successful discharges and more client/family satisfaction.”
- “It’s a linear, orderly process that makes of the messy process of dealing with trauma. I find that patients appreciate the structure and take comfort in it.”
- TF-CBT led to “quick and reliable reductions in nightmares and other symptoms” (clinician treating unaccompanied, refugee minors)

TF-CBT National Certification Program

- www.tfcbt.org

TF-CBT Certification Criteria

We have established the following criteria for TF-CBT certification. All eight steps must be met to achieve certification.

1. Master's degree or above in a mental health discipline;
2. Permanent professional license in home state, including having passed the state licensing exam in your mental health discipline;
3. Completion of [TF-CBTWeb](#);
4. Participation in a live TF-CBT training (two days) conducted by a treatment developer or an approved national trainer (graduate of our TF-CBT Train-the-Trainer Program); or Live training in the context of an approved national, regional, or state TF-CBT Learning Collaborative of at least six months duration in which one of the treatment developers or a graduate of our TF-CBT Train-the-Trainer (TTT) Program has been a lead faculty member;
5. Participation in follow-up consultation or supervision on a twice a month basis for at least six months or a once a month basis for at least twelve months. The candidate must participate in at least nine out of the twelve consultation or supervisory sessions. This consultation must be provided by one of the treatment developers or a graduate from our TTT program. Supervision may be provided by one of the treatment developers, a graduate of our TTT program, or a graduate of our TF-CBT Train-the-Supervisor (TTS) Program (In the latter instance, the supervisor must be employed at the same organization as the certification candidate);
or
Active participation in at least nine of the required cluster/consultation calls in the context of an approved TF-CBT Learning Collaborative;
6. Completion of three separate TF-CBT treatment cases with three children or adolescents with at least two of the cases including the active participation of caretakers or another designated third party (e.g., direct care staff member in a residential treatment facility)
7. Use of at least one standardized instrument to assess TF-CBT treatment progress with each of the above cases;



Trauma-Focused Cognitive Behavioral Therapy
National Therapist Certification Program

Implementation Supports: Web-Course

tfcbt2.musc.edu
\$35 11 CEUs



[HOME](#) [INTRODUCTION](#) [CONTACT US](#) [REGISTER](#) ▾ [LOGIN](#)



TF-CBT Web^{2.0}

*A course for Trauma-Focused
Cognitive Behavioral Therapy*

Foundations of TF-CBT

Psychoeducation

Parenting Skills

Relaxation

Affect Identification & Regulation

Cognitive Coping

Trauma Narration and Processing I

Trauma Narration and Processing II

In Vivo Mastery

Conjoint Parent-Child Sessions

Enhancing Safety & Future

Development



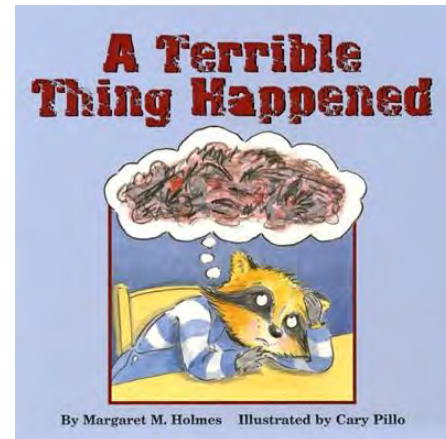
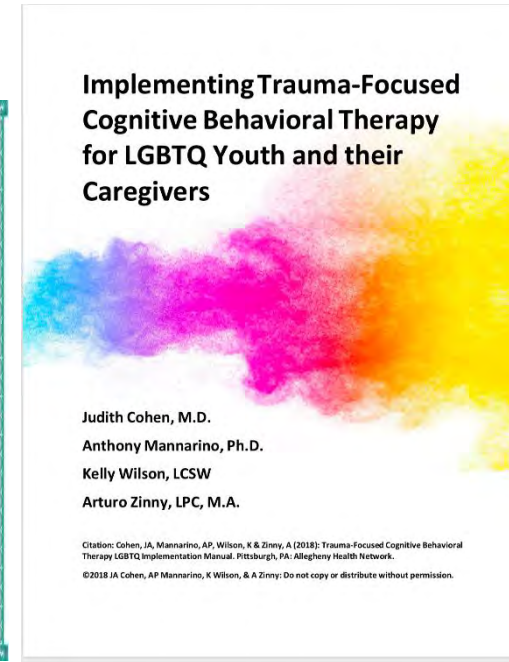
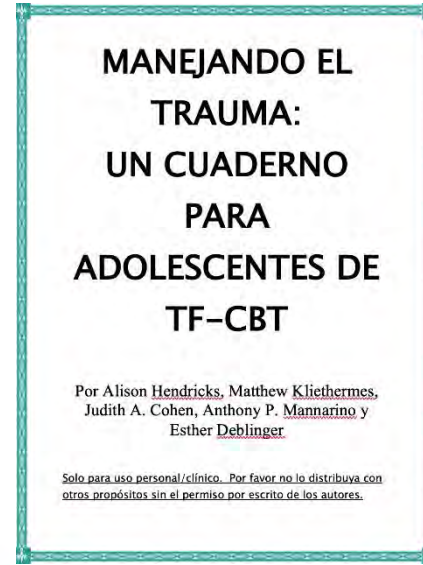
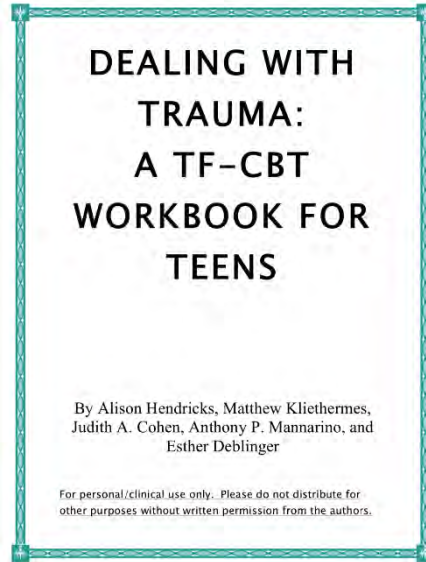
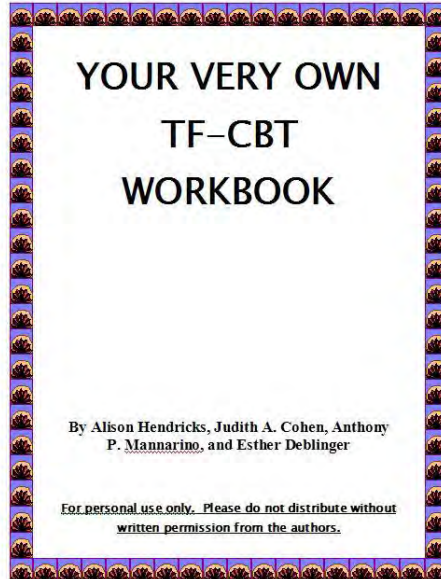
Implementation Support: Case Consultation

Typically:

- 2x/month
- ~10 clinicians/group
- 60 minutes duration
- 12 calls



Implementation Supports: Manuals, books, resources....




Nctsn.org

Child Sexual Abuse Fact Sheet



For Parents, Teachers, and Other Caregivers

Implementation Supports: TF-CBT via Telehealth



Home About Certification Find a Therapist Contact Resources

TF-CBT Telehealth Resources

/ April 3, 2020

1. Brief MUSC TF-CBT telehealth webinar (English and Spanish):
<https://www.dropbox.com/sh/acesmn37l9afb6p/AAAiREKk8eX32rY8axEgZ6Q0a?dl=0> with accompanying slides from the webinar ([download here](#))
2. Telehealth Guide from MUSC ([download here](#))
3. Article on Telemental Health Guidelines for providing TF-CBT ([download here](#))
4. Pilot study of TF-CBT via Telehealth ([download here](#))
5. 3-hour video webinar on Implementing TF-CBT via Telehealth ([see below](#))

[Download all of above the files here](#)

<https://tfcbt.org/telehealth-resources/>

Tablet Assisted TF-CBT



Available online at www.sciencedirect.com

ScienceDirect

Behavior Therapy 50 (2019) 367–379

**Behavior
Therapy**

www.elsevier.com/locate/bt

Pilot Evaluation of a Tablet-Based Application to Improve Quality of Care in Child Mental Health Treatment

Tatiana M. Davidson*

Brian E. Bunnell

Benjamin E. Saunders

Rochelle F. Hanson

Carla K. Danielson

Danna Cook

Medical University of South Carolina

Brian C. Chu

Rutgers University

Shannon Dorsey

University of Washington

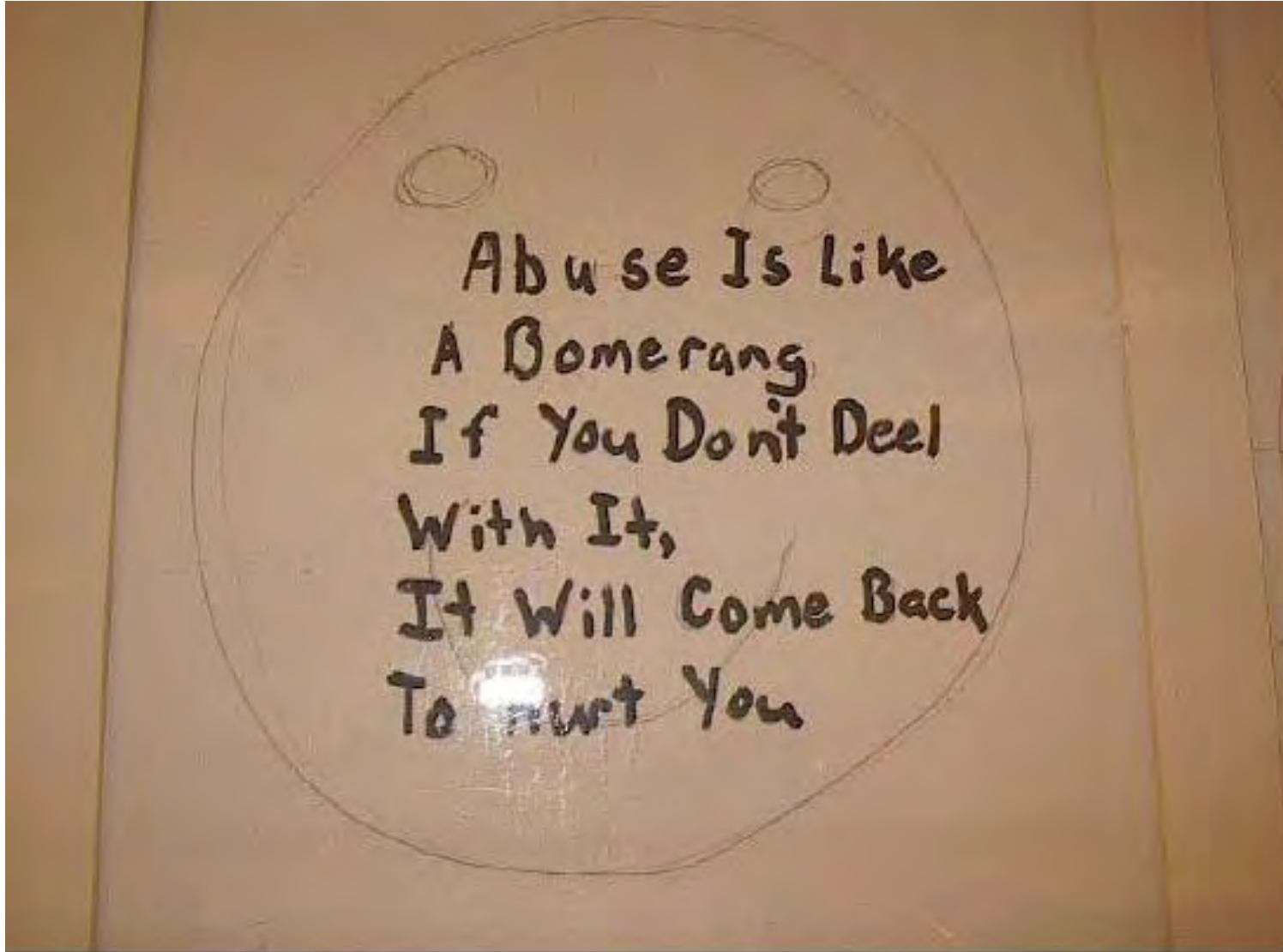
Zachary W. Adams

Indiana University

Arthur R. Andrews III

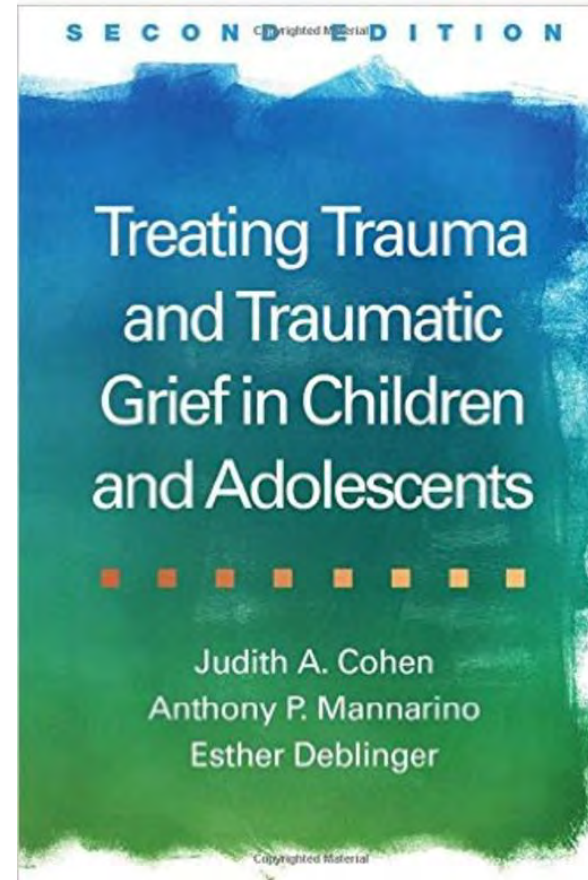
University of Nebraska–Lincoln

Youth Insights/learnings:



Thanks!

Questions?



Contact Information



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Director, Center for Resilience & Well-Being
Senior Research Associate, Clinical Psychologist

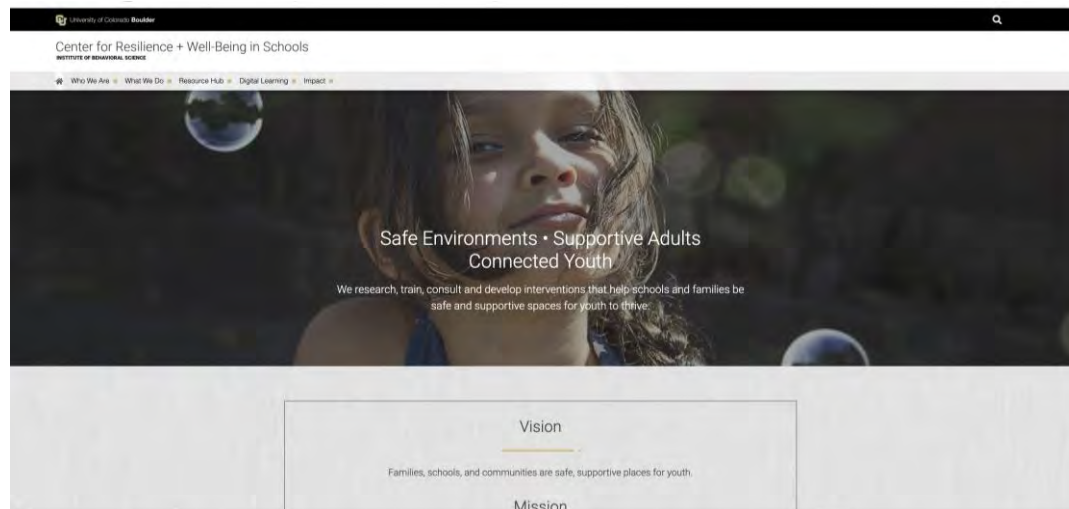
Institute of Behavioral Science

University of Colorado at Boulder

1440 15th Street

Boulder, CO 80309

<https://ibsweb.colorado.edu/crw/>



Next Steps

- Conversations will continue as we invest in capacity-building for Family First, together
- Recording and slides posted at:
 - www.coloradolab.org/ffpsa
 - Please share this toolkit with your networks!

COLORADO Office of Children, Youth & Families
Department of Human Services

FAMILY FIRST PREVENTION SERVICES ACT
Mental Health Services Array

UNIVERSITY of DENVER
COLORADO EVALUATION AND ACTION LAB

You're invited to a series of **informational sessions** on the models recommended for the Mental Health Services array as part of Family First capacity-building efforts in Colorado!

These sessions are aimed at **County decision-makers and providers** interested in Family First efforts. Each foundational session will cover model approach, target populations, staffing and supervision requirements, capacity and implementation considerations, and areas of articulation for paired models.

By attending, you will gain a **better understanding** of where to start in expanding Family First mental health services for your area and how each model fits into Colorado's comprehensive strategy for expanding Family First-eligible prevention services that meet the needs of children, youth, and families.

All sessions will be **recorded** and made available shortly after the live offering.

LEARN MORE For questions, accessibility requests, or calendar invites contact Courtney Everson at Courtnev@coloradolab.org
www.coloradolab.org/ffpsa

FOSTERING Healthy Futures

May 3, 2021 from 1pm - 2pm
Presenter: Jessica Corvinus (CU Anschutz Medical Campus, Kempe Center)
Join the Zoom Session! [Link Here](https://udenver.zoom.us/j/83273523841)
<https://udenver.zoom.us/j/83273523841>

child first With **ISPEET**

May 6, 2021 from 12:30pm - 2pm
Presenters: Marisa Gullicksrud & Amanda Fixsen (Invest in Kids); Amanda N'zi (PCIT International)
Join the Zoom Session! [Link Here](https://udenver.zoom.us/j/81734487315)
<https://udenver.zoom.us/j/81734487315>

TF-CBT **NEW DATE!**

May 26, 2021 from 12pm - 1pm
Presenter: Monica M. Fitzgerald (CU Boulder, Center for Resilience & Well-Being in Schools)
Join the Zoom Session! [Link Here](https://udenver.zoom.us/j/88982140650)
<https://udenver.zoom.us/j/88982140650>

FUNCTIONAL FAMILY THERAPY With **MST**

May 19, 2021 from 11:30am - 1pm
Presenters: Dana Garofalini & Sue Kerns (DU, Center for Effective Interventions); Norma Aguilar-Dave & Nicole DeHerrera (Savio House)
Join the Zoom Session! [Link Here](https://udenver.zoom.us/j/86973541219)
<https://udenver.zoom.us/j/86973541219>



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Many thanks!

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Courtney@coloradolab.org

