



Advancing Trauma-Informed Care Across Florida Trauma Recovery Initiative (TRI)



About the Study

The Trauma Recovery Initiative Project is a 4-year Department of Health and Human Services funded grant that features partnership between the Western Division of the Children's Home Society of Florida (CHS), the Department of Child and Family Studies at the University of South Florida, and the National Child Traumatic Stress Network (NCTSN)

PROJECT GOALS

Project Goal 1:

Provide trauma-specific services to children and youth experiencing complex trauma who are in foster care, other out-of-home family care, or are at risk of being removed from their homes.

Interventions

- Implementation of universal trauma screening for Florida's Circuit 1 through use of the CANS-C, the Child and Adolescent Needs and Strengths-Comprehensive, which contains 2 trauma modules
- Provision of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) to target population
- Trauma screening for caregivers (biological parents, foster parents, relative and non-relative caregivers, and other) with appropriate referral

Project Goal 2:

Implement community-wide trauma screening for all youth through collaboration with the dependency system, while increasing the availability of trauma-focused services for children and youth in northwest Florida.

Screening

- John Lyons, developer of the CANS, provided training and certification on the CANS-C as part of Circuit One conference produced by CBC Families First Network (2008)
- Initiated discussion with FL Chief of Children's Mental Health regarding inclusion by AHCA of CANS-C in Medicaid manual as an approved tool for use by comprehensive assessors statewide
- CHS clinical director certified as a CANS trainer, allowing for ongoing CANS training and consultation in the community

Availability of trauma-focused services

- CHS has obtained training in TF-CBT for 8 clinicians
- NCTSN TF-CBT Learning Collaborative
- Ongoing developer consultation calls and visit
- TF-CBT training for community scheduled in 2010
- Outreach to DCF, CBC, and other providers to educate about TF-CBT and its applicability to youth in community

Project Goal 3:

Engage community to create a child welfare system that is trauma-informed, trauma-aware, and trauma-educated.

- Engagement of Community Alliance Executive Committee to serve as advisory group for implementation of grant activities
- Presentations to various community groups to promote trauma awareness
- TRI staff conducted a trauma education presentation as part of Circuit One conference produced by CBC Families First Network (2009)
- Participation in Interagency Statewide Trauma Workgroup since its inception
- Presentations at national and international conferences

Project Goal 4:

To collaboratively link this system with NCTSN

Participation in workgroups and committees

- Child Welfare Committee
- Secondary Traumatic Stress Subcommittee
- Resource Parent Curriculum Development Committee
- Data Operations Committee
- Family Systems Committee

Learning Collaboratives

- National TF-CBT
- Planned participation in Child Welfare Breakthrough Series LC

Conferences

- Annual All-Network Meetings
- SAMHSA Evaluation Planning Meeting

"Being a part of the NCTSN has provided CHS of Florida with both an opportunity and a responsibility — an opportunity to discover and participate in the latest advances in the field of trauma-informed services, and a responsibility to pass on what we learn for the benefit of others."

—Cynthia S. Blacklaw, MS



Components of TRI Center Evaluation

1. NCTSN Component (quality improvement)
2. Local Study—Program Evaluation comparing TF-CBT with Standard Care
3. National Cross-Site Study—A series of sub-studies examining a variety of issues related to the NCTSN

Target Population

Inclusion Criteria

- Youth ages 10-14 at enrollment
- History of trauma (CANS-C score of 1 or higher on Trauma Exposure AND 2 or 3 on Trauma Stress Symptoms)
- Either out-of-home care or at-risk for removal from home
- Stable placement to allow for 15-20 weeks of TF-CBT services

Exclusion Criteria

- Some mental retardation and some pervasive developmental disorders, depending on severity
- Psychosis
- Suicidal ideation
- Severe externalizing behavior (diagnoses of Oppositional Defiant Disorder or Conduct Disorder)

Modifications to TF-CBT Model

- Extending the length of treatment
- Foster parent trauma screening and treatment involvement
- Promotion of child welfare case management and judiciary support for treatment
- Therapist selection and supervision for intervention to be home-based

Lessons learned

- Modified TF-CBT to accommodate population
- Tested and implemented variety of assessment and service methods
- Ongoing adjustments to staff recruitment and roles
- Continuing adjustments to improve quality of supervision and ensure fidelity
- Continuing engagement of families, service providers, judiciary and community members

Next Steps

Services

- Continue TF-CBT consultation and training for clinical staff to build skills and ensure fidelity
- Use CHS Innovations Team as springboard to launch trauma-informed clinical services in other CHS Divisions
- Engage CHS Quality Management Team in dissemination of trauma-informed practices throughout CHS statewide as guided by Council on Accreditation standards

Community Engagement

- Finalize e-learning module on the impact of trauma on children removed from their homes as requested by DCF
- Expand trauma training audiences beyond child welfare and mental health arena into schools, law enforcement, elder services, churches, etc.
- Continue to partner with Statewide TIC group members to ensure that Florida can become a leader in trauma-informed services
- Deliver trauma presentations at Florida conferences

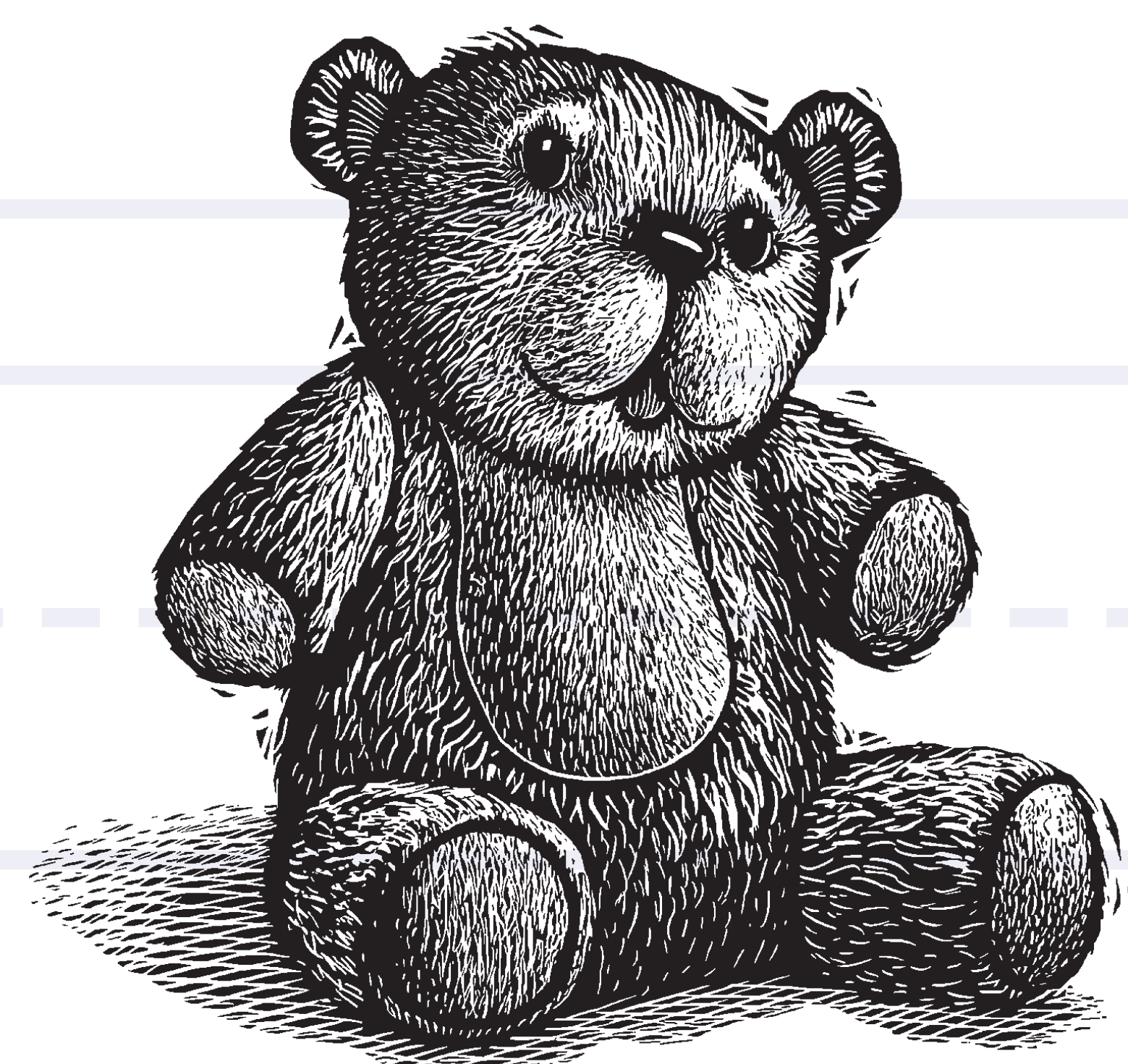
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