What we will cover:

• Overview of TST

• Core Components

• Populations served

• Outcomes and Fidelity

• Staffing the program

• Training requirements

• Support from TST Training Institute

http://www.amazon.com/Trauma-Systems-Therapy-Children
Overview of TST:

• Why was TST developed?

• What is its underlying philosophy?
Why was TST Developed? To have a specific-enough understanding of a child and a family, to know what to do

You are asked to help prevent out-of-home placement of a 12-year old boy – Shane – who lives with his mother and 5-year old sister. His father is in prison for severely assaulting his mother on numerous occasions and occasionally assaulting Shane. The assaults on Shane frequently followed his father calling him “weak” and ”not manly”.

Child welfare prevention services was initiated shortly after father was imprisoned 4 months ago. There is significant concern about Shane’s aggression. He assaulted his mother on two occasions. He has assaulted classmates and the school Physical Education teacher. His mother is worried about the safety of Shane’s sister.

What do you do? How will you help? Where do you start?
What is the underlying philosophy of TST?

1. You can’t know what to do, until you know what is going on (what drives the problem(s))
2. What is going on almost always relates to the “Trauma System”
   a. A traumatized child’s transition to dysregulated states related to survival (i.e. Survival States)
   b. The people around the child’s inability to help the child to regulate these Survival States.
3. The dysregulation is rarely random (although it can often seem random).
   a. Dysregulation will occur in specific patterns prompted by specific stimuli that provoke (from the child’s perspective) survival-laden emotion/behavior.
   b. TST Priority Problems: Patterns of links between provocative stimuli and dysregulated emotional and/or behavioral responses.
4. The patterns you discover provides the specific-enough, and actionable-enough, knowledge to be effective (without this knowledge: Where would you start?). Intervention is completely focused here.
   a. TST Principle 6: ”Put scarce resources where they will work”
What is the underlying philosophy of TST?

5. TST provides the knowledge and the tools to find the patterns and to effectively address them through intervention with the child, and the relevant people in the child’s environment.

6. TST – first – helps an agency organize and manage their services so that this work can be done effectively (TST Organizational Plan).
Shane: What is going on?

Episode 1: At afterschool baseball, Shane heard his PE teacher laugh, after he was called out on strikes (not swinging bat at 3rd strike): Shane ran at him, trying to hit the teacher with the bat.

Episode 2: After Shane was suspended from school – his mother used an angry and demeaning tone of voice to say: “you’ll never grow to be a man I respect if you can’t control your body”. Shane lunged at her, pushing her to the ground.

Episode 3: When Shane missed a basketball free-throw: another boy said he ‘choked under pressure”. Shane punched the boy in the face.

Do you see a pattern?
Shane: How finding the pattern tells you what to do

When Shane is exposed to Demeaning comments suggesting he is weak, Description of threat signals (cat hair),

She/he responds by feeling panicked, and then enraged and assaults others. Description of Survival-in-the-Moment state (3A's in Re-experiencing)

This pattern can be understood through his past experience(s) of:
Physical abuse from father following demeaning comments indicating weakness. Feeling weak for not protecting his mother

Information about Environment-Past that informs understanding of Survival-in-the-Moment response in present

Interventions:
• Help mother understand the impact of comments suggesting Shane is weak
• Help school understand the impact of comments suggesting Shane is weak. Help him to feel stronger.
• Help Shane build emotional regulation skills re communications indicating weakness
• Psychopharmacology to help while skills are built.
TST Core Components: The TST Workflow

- **Assessment**
  - Gathering the information you need, to consider what to do.

- **Treatment Planning**
  - Using the information for decision-making, to know what to do.

- **Treatment Engagement (Ready-set-go)**
  - Collaborating with the child and family in this decision making process (based on what is most important to them).

- **Treatment Implementation**
  - **Doing it!**
    - Safety Focused
    - Regulation Focused
    - Beyond Trauma
TST Core Components: Expertise on the Team

- Psychiatry/Psychopharmacology
- Home and Community-Based Services
- Legal Advocacy
- Skill-Based Psychotherapy
TST Core Components: Three Intervention Phases

Safety-Focused Treatment

Regulation-Focused Treatment

Beyond Trauma Treatment
Populations Served

1. A child with a *plausible* trauma history,
2. A child with difficulty regulating emotional states (that are plausibly related to this trauma history)
3. Used for children above 4, to young adults
4. Otherwise, no exclusion criterion
Outcomes: Bridging the Way Home Study

- Significant improvements in emotional regulation, behavioral regulation, functioning related to TST fidelity
- Significantly greater placement stability related to TST fidelity
- Non-significant improvements in permanency
- Outcomes greatest the more all providers around the child delivered care with fidelity
- Concerted Care
Outcomes: Prevention 15 month evaluation

- Significant improvements in emotional regulation, behavioral regulation, environmental stability functioning
- Post-implementation hospitalization days decreased by 36%
- Post-implementation days in care decreased by 23%
- Significant estimated cost savings
Where is TST Implemented?

TST is currently being implemented in agencies in 16 States, the District of Columbia, and the Country of Singapore, including programs that provide:

- Outpatient therapy
- Residential treatment
- Foster Care
- Prevention Care
- Refugee services
- Juvenile Justice
- Substance-abuse/MH services
- Community based prevention
- School-based mental health
TST Staffing

1. Requirements
   • Multi-disciplinary team
   • Clinical (master’s level)
   • Case management
   • psychopharmacology

2. Team structure
   • Weekly TST team meetings

3. Caseloads
   • TST works within existing caseload expectations

4. Supervision requirements
   • Supervisors are trained along with direct care providers
   • TST is built into supervision for support and accountability
Length of Service

1. Start in Safety focused: 4-12 months
2. Start in Regulation focused: 2-6 months
Fidelity Monitoring

Chapters define how TST should be practiced

Forms and Guides support good TST practice

Fidelity Check

Fidelity checks the consistency of practice with TST model
Training and Implementation Requirements: We want you to be able to do this without us!!!

1. Organizational Planning: 1-2 months
2. Initial on-site training (of team designated in organizational plan): 3 days
3. All staff (and anyone else can attend first half day)
4. Weekly TST team consultation: 6 months
5. Weekly TST Expert training/consultation: 10-11 months
6. At 10 month period, TST consultant recommends what is still needed for program to be (relatively) self-sufficient (usually 1-2 years)
7. TST Expert roles: i. Supervision, ii. Team leadership, iii. Internal training
Training and Implementation Requirements: We want you to be able to do this without us!!!

8. Your own TST experts are trained so you can train your own staff related to staff turnover, or for other purposes.

9. Your program has access to TST Innovation Community

10. TST Training Institute available for TST Expert Support, Program Evaluation consultation, and any other training needs.
Thank you

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