HASSENFELD CHILDREN'S HOSPITAL AT NYU LANGONE

Department of Child and Adolescent Psychiatry
Child Study Center

Trauma Systems Therapy

TST Training Institute

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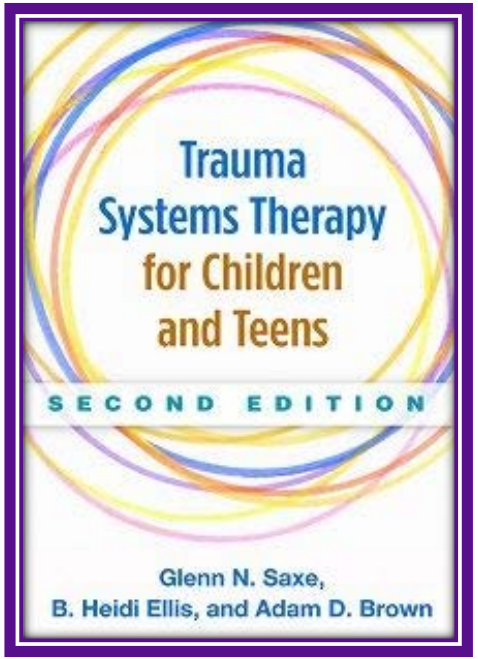
Trauma Systems Therapy

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

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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 (Child's name) 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:

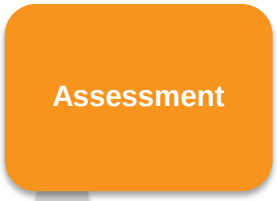
Physical abuse from father following demeaning comments indicating weakness. Feeling weak for not protecting his mother

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



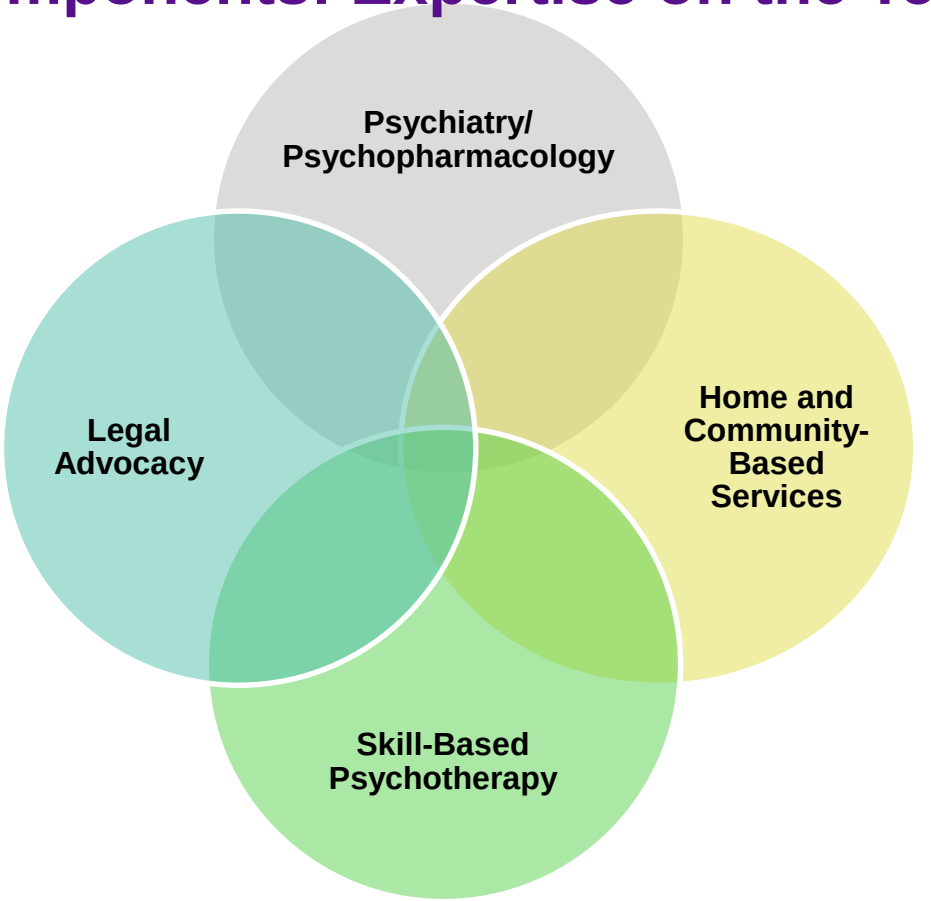
- Gathering the information you need, to consider what to do.

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

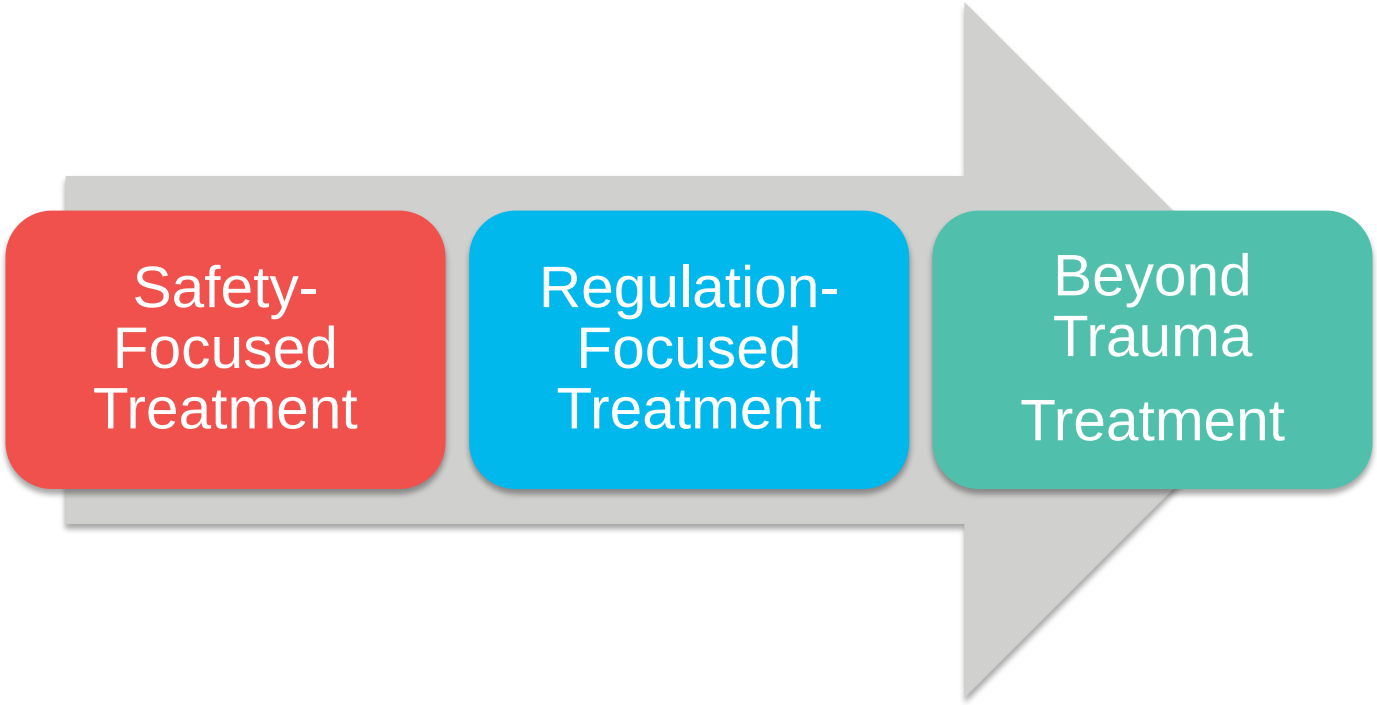
- Collaborating with the child and family in this decision making process (based on what is most important to them).

- **Doing it!**
- Safety Focused
- Regulation Focused
- Beyond Trauma

TST Core Components: Expertise on the Team



TST Core Components: Three Intervention Phases



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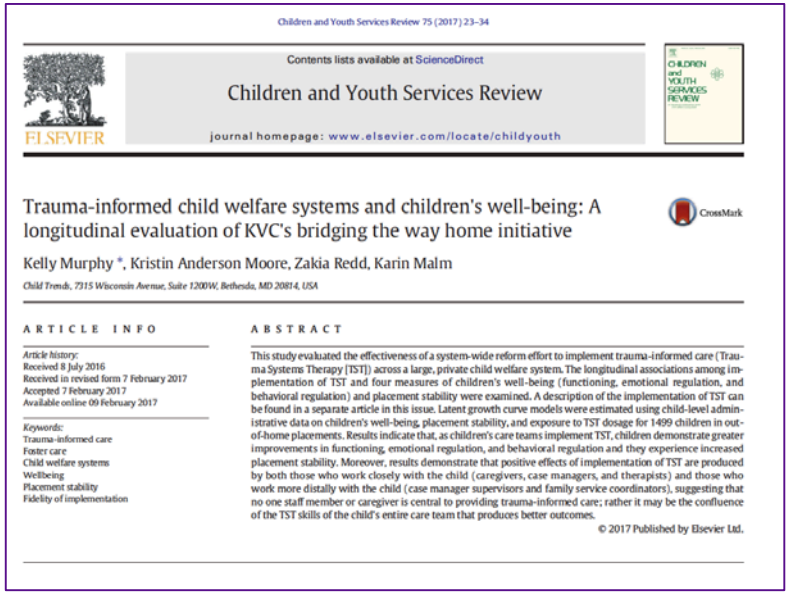
Populations Served

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



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Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's bridging the way home initiative

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ABSTRACT

This study evaluated the effectiveness of a system-wide reform effort to implement trauma-informed care (Trauma Systems Therapy [TST]) across a large, private child welfare system. The longitudinal associations among implementation of TST and four measures of children's well-being (functioning, emotional regulation, and behavioral regulation) and placement stability were examined. A description of the implementation of TST can be found in a separate article in this issue. Latent growth curve models were estimated using child-level administrative data on children's well-being, placement stability, and exposure to TST dosage for 1499 children in out-of-home placements. Results indicate that, as children's care teams implement TST, children demonstrate greater improvements in functioning, emotional regulation, and behavioral regulation and they experience increased placement stability. Moreover, results demonstrate that positive effects of implementation of TST are produced by both those who work closely with the child (caregivers, case managers, and therapists) and those who work more distally with the child (case manager supervisors and family service coordinators), suggesting that no one staff member or caregiver is central to providing trauma-informed care; rather it may be the confluence of the TST skills of the child's entire care team that produces better outcomes.

- 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*

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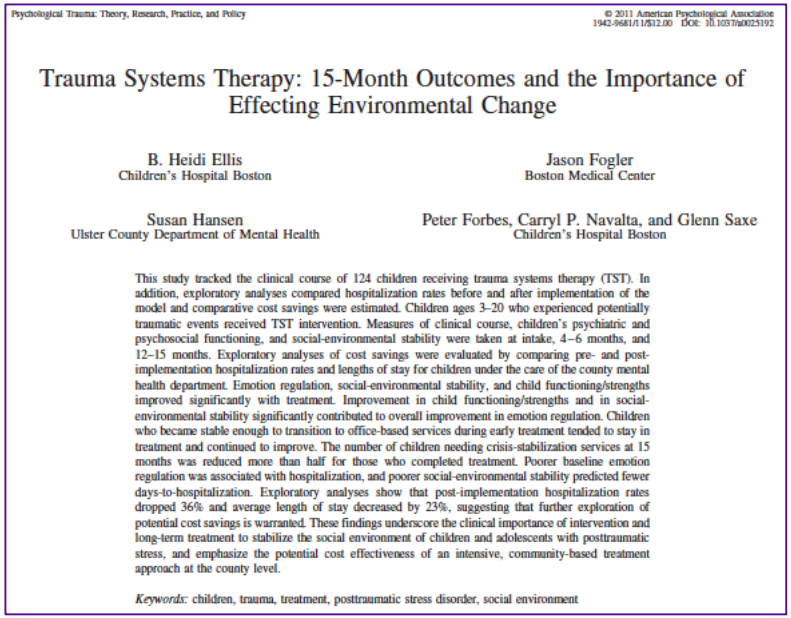
Outcomes: Prevention 15 month evaluation



Psychological Trauma: Theory, Research, Practice, and Policy

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Trauma Systems Therapy: 15-Month Outcomes and the Importance of Effecting Environmental Change

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This study tracked the clinical course of 124 children receiving trauma systems therapy (TST). In addition, exploratory analyses compared hospitalization rates before and after implementation of the model and comparative cost savings were estimated. Children ages 3–20 who experienced potentially traumatic events received TST intervention. Measures of clinical course, children's psychiatric and psychosocial functioning, and social-environmental stability were taken at intake, 4–6 months, and 12–15 months. Exploratory analyses of cost savings were evaluated by comparing pre- and post-implementation hospitalization rates and lengths of stay for children under the care of the county mental health department. Emotion regulation, social-environmental stability, and child functioning/strengths improved significantly with treatment. Improvement in child functioning/strengths and in social-environmental stability significantly contributed to overall improvement in emotion regulation. Children who became stable enough to transition to office-based services during early treatment tended to stay in treatment and continued to improve. The number of children needing crisis-stabilization services at 15 months was reduced more than half for those who completed treatment. Poorer baseline emotion regulation was associated with hospitalization, and poorer social-environmental stability predicted fewer days-to-hospitalization. Exploratory analyses show that post-implementation hospitalization rates dropped 36% and average length of stay decreased by 23%, suggesting that further exploration of potential cost savings is warranted. These findings underscore the clinical importance of intervention and long-term treatment to stabilize the social environment of children and adolescents with posttraumatic stress, and emphasize the potential cost effectiveness of an intensive, community-based treatment approach at the county level.

Keywords: children, trauma, treatment, posttraumatic stress disorder, social environment

- 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

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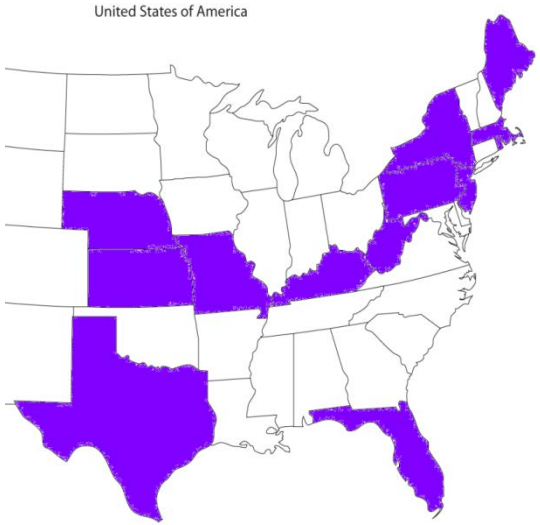
Where is TST Implemented?

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



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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 provoders
   - TST is built into supervision for support and accountability

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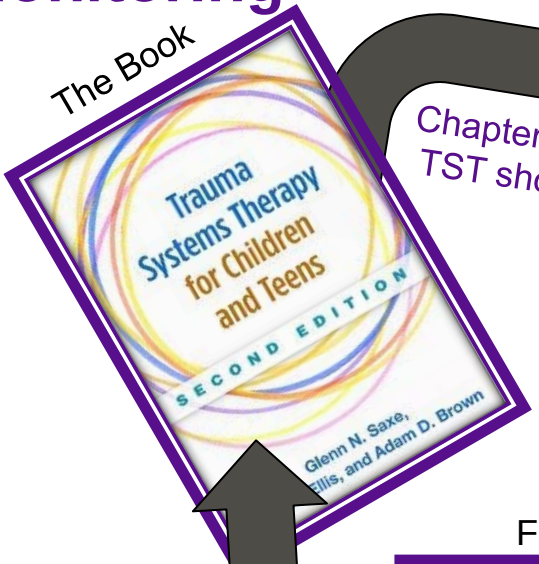
Length of Service

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

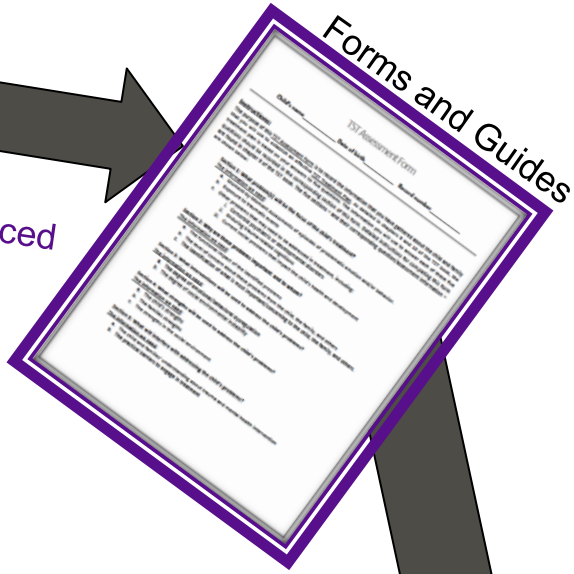
Fidelity Monitoring

The Book



Chapters define how TST should be practiced

Forms and Guides



Forms and Guides support good TST practice

Fidelity Check

Fidelity checks the consistency of practice with TST model

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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 any other training needs.

Thank you

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