

# **BOOST CYAC WEBINAR SERIES – May 13, 2020**

## **Building Capacity to Provide Evidence-Based Trauma Treatment to Children and Youth**

**Presenter:**

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# Why Evidence-Based?

- High stakes for kids and families
- Need for effectiveness, quality and safety
- Importance of a “What works” approach, grounded in science

# Best Practice in Child Trauma Treatment

- Assessment-Driven
- **Evidence-Based / Empirically supported**
- Trauma-informed
- Developmentally sensitive
- Parent/caregiver involvement
- Focus on skill-building



Cohen, J. A. & AACAP Work Group on Quality Issues. (2010). Practice parameter for the assessment and treatment of children and adolescents with posttraumatic stress disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(4), 414-430.

Landolt, M. A., Cloitre, M., & Schnyder, U. (2017). Evidence-Based Treatments for Trauma Related Disorders in Children and Adolescents. Springer.

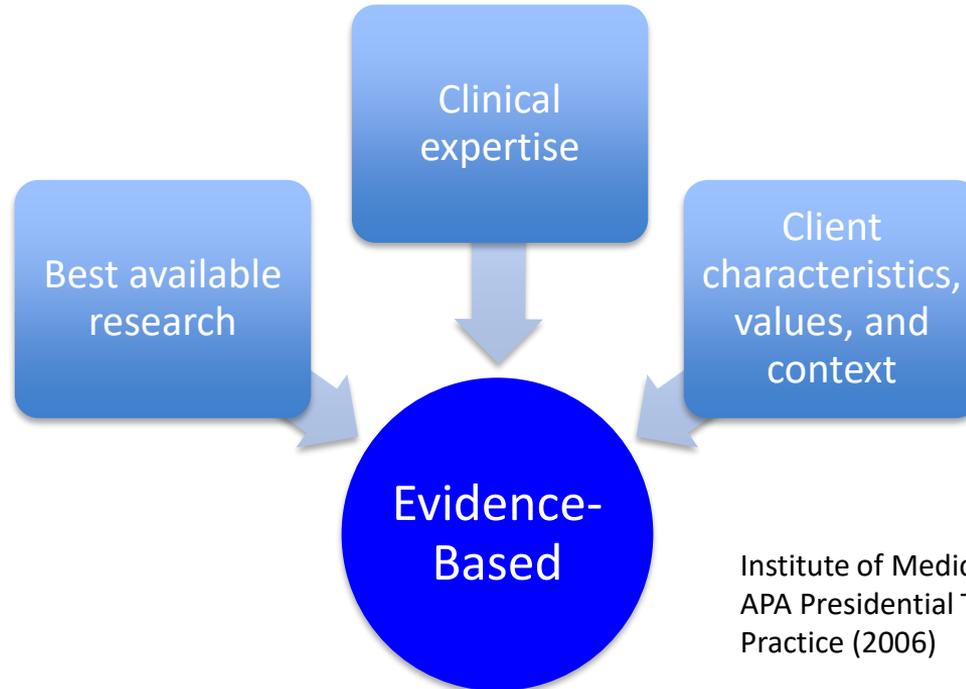
Schneider, S. J., Grilli, S. F., & Schneider, J. R. (2013). Evidence-based treatments for traumatized children and adolescents. *Current psychiatry reports*, 15(1), 332.

# Assessment-Driven:

## What do we need to know?

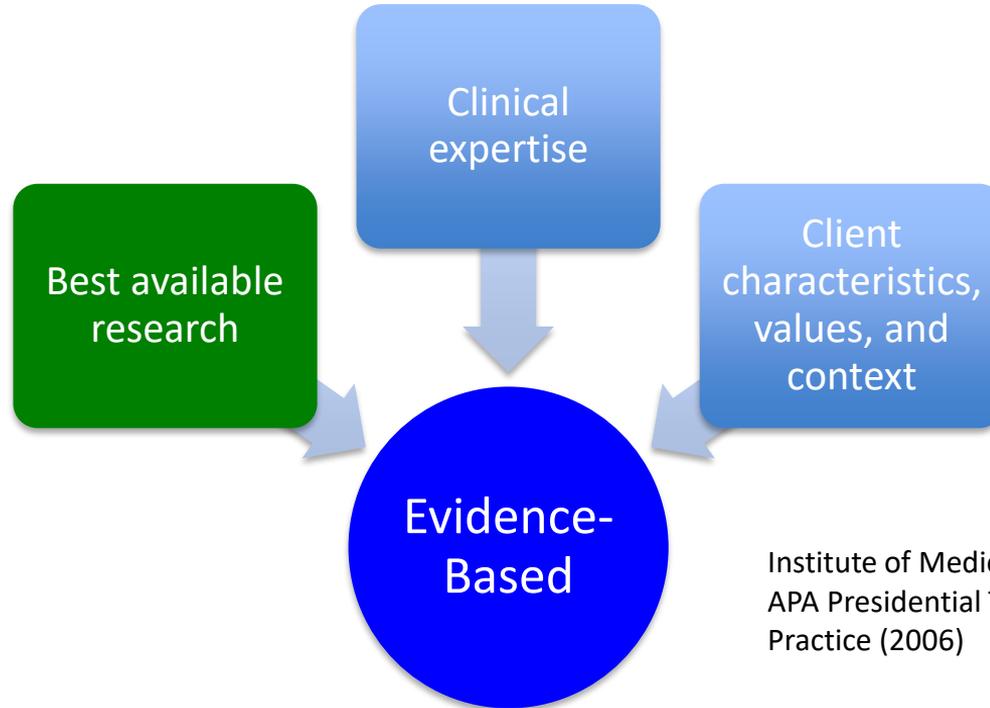
- Abuse/Trauma History
- Symptoms:
  - Cognitive
  - Affective
  - Behavioural
  - Somatic
  - Interpersonal
- Risk Screening
- Family / Caregiver Context
- Medical, developmental & mental health history
- Strengths
- Readiness and Engagement

# Evidence-Based Treatment (EBT)



Institute of Medicine (2001) &  
APA Presidential Task Force on Evidence-Based  
Practice (2006)

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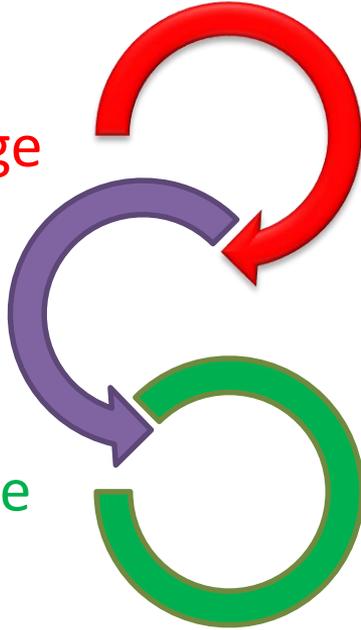
# Evidence-Based Treatment (EBT)

## Best research evidence

- Scientific evidence of effectiveness:
  - Does the client improve from pre-to-post treatment?
- Statistical vs. Clinical significance:
  - Is the client actually functioning better?
- Ecological validity:
  - Can we generalize the scientific findings to the real world?

# Clinical Significance

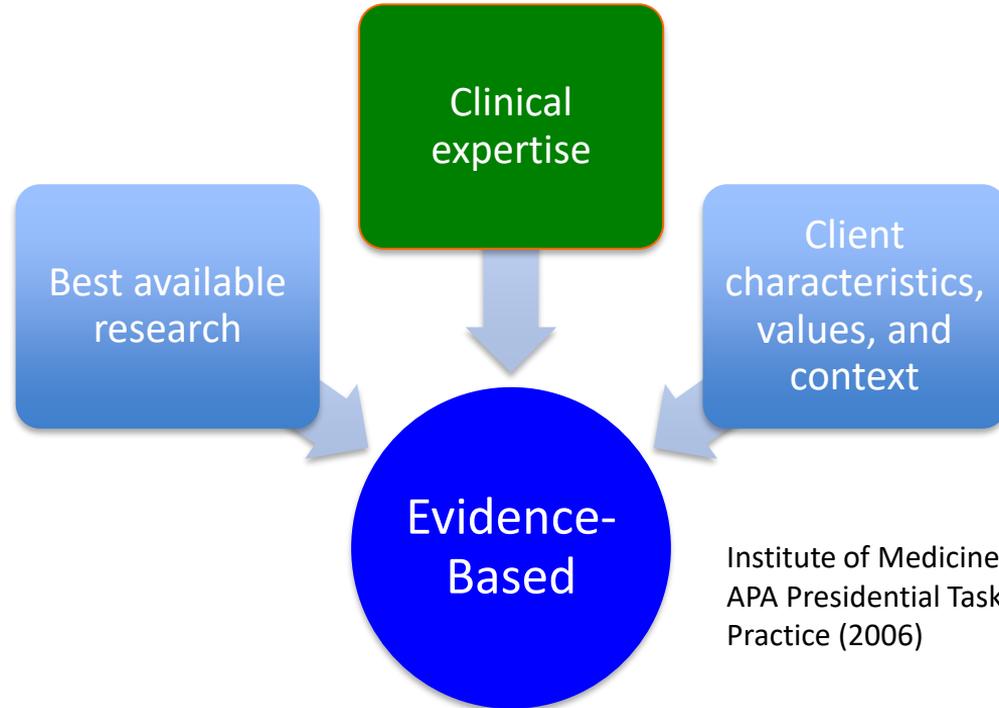
Clinically  
Significant Range



At-Risk  
Range

Average/Normative  
Range

# Evidence-Based Treatment (EBT)



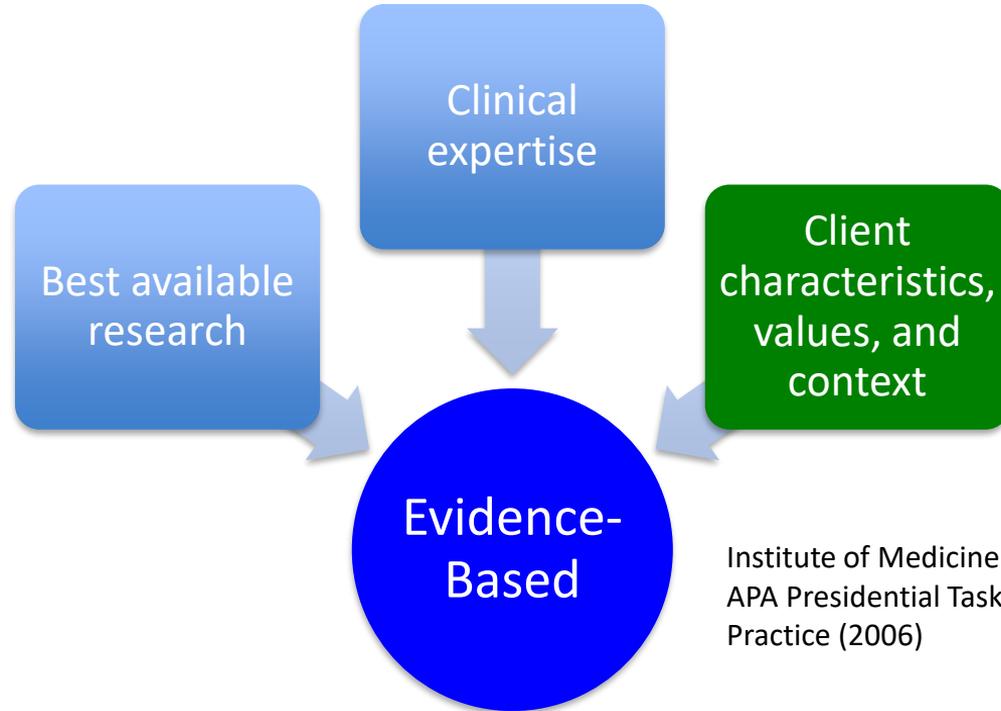
Institute of Medicine (2001) &  
APA Presidential Task Force on Evidence-Based  
Practice (2006)

# Evidence-Based Treatment (EBT)

## Clinical Expertise:

- Clinical decision-making
- Implementation of the treatment
- Forming a therapeutic relationship
- Monitoring client change
- Therapist self-reflection

# Evidence-Based Treatment (EBT)



Institute of Medicine (2001) &  
APA Presidential Task Force on Evidence-Based  
Practice (2006)

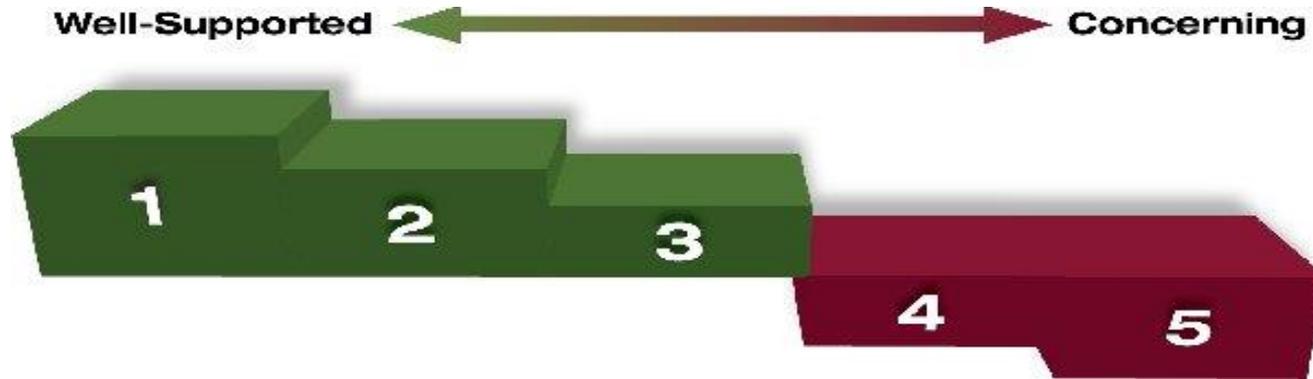
# Evidence-Based Treatment (EBT)

## Client Characteristics, Values, & Context

- Presenting Problems
- Age, developmental status and history
- Socio-cultural and familial factors
- Environmental context
- Personal preferences related to treatment

# Research Evidence

Scientific Rating Scale – California Clearinghouse for Evidence Based Practice: [www.cebc4cw.org](http://www.cebc4cw.org)



# EBT's in U.S. Based CAC's



National Children's Alliance.  
Thriving Kids 2019: A National  
Report on Mental Health Outcomes  
in Children's Advocacy Centres:  
[www.nationalchildrensalliance.org/thriving-kids/](http://www.nationalchildrensalliance.org/thriving-kids/)

# EBT Effectiveness

[www.nationalchildrensalliance.org/theriving-kids/](http://www.nationalchildrensalliance.org/theriving-kids/)

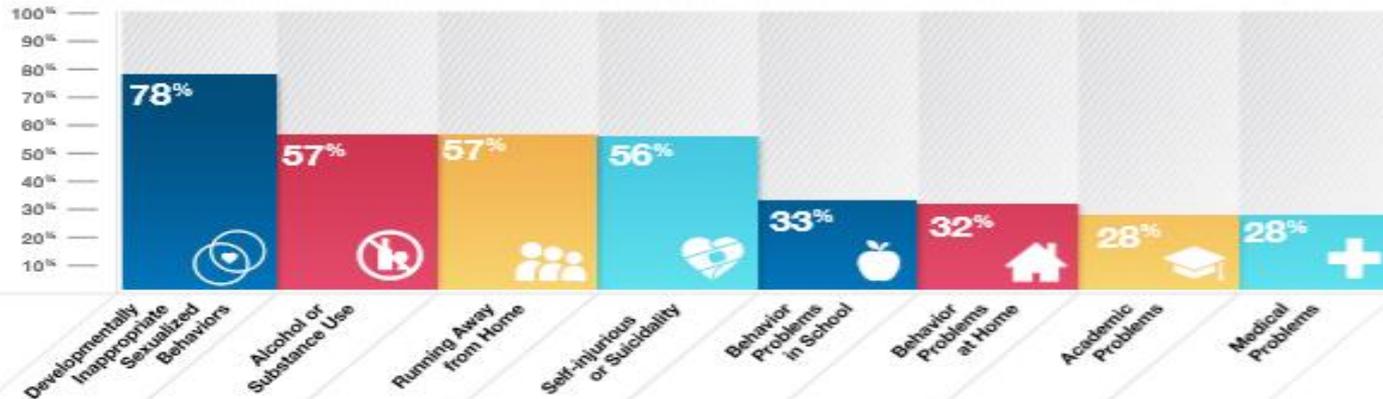
**EBTs can help reduce trauma symptoms.**

**75%** of children who had PTSD when they started treatment no longer had PTSD at their last follow-up



**EBTs improve outcomes for children.**

Below are percentages of children who **stopped experiencing** these major life problems after receiving EBTs.



# Review of Treatment Effectiveness

- Canadian review: VEGA Project. *Child Maltreatment Systematic Review Summary*. McMaster University, Hamilton, ON; 2016.
- <https://vegaproject.mcmaster.ca/vega-publications>
- Rigorous review of treatments for children who experienced abuse
  - Recommended: TF-CBT and PCIT
  - Not recommended: Any treatment delivered without parent/caregiver involvement; Play therapy, Music therapy, EMDR, CBT alone (without a trauma focus)

# Characteristics of Trauma

## Treatments with Empirical Support

- Child and caregiver are involved in the process
- Therapist is active and directive
- Theoretical base is behavioural, cognitive-behavioural or attachment-based
- Structured approach, with specific procedures
- Treatment is goal-directed: replacing maladaptive patterns with adaptive skills
- Treatment protocol can be recreated or taught

National Child Traumatic Stress Network (2008, 2017). CAC Directors' Guide to Mental Health Services for Abused Children. [www.nctsn.org/products/childrens-advocacy-center-directors-guide-mental-health-services-abused-children-2008](http://www.nctsn.org/products/childrens-advocacy-center-directors-guide-mental-health-services-abused-children-2008)

# Selecting an EBT

- Timing: Peri-traumatic or Post-traumatic?
  - Abuse
  - Disclosure
  - Referral
- Type of symptoms:
  - Internalizing
  - Externalizing
  - Both
- Severity of symptoms
  - Safety concerns?
  - Clinically significant symptoms?
- Who is symptomatic?
  - Child?
  - Parent?
  - Parent-child relationship?
  - Inter-parental relationship?
  - Family?
- Child's Caregiving Context
  - Involved caregiver?
  - Out of home placement?
  - Temporary placement?

[www.taptraining.net](http://www.taptraining.net)

# Profiling Three EBT's

- Child and Family Traumatic Stress Intervention (CFTSI)
- Trauma-Focused Cognitive Behavioural Therapy (TFCBT)
- Parent-Child Interaction Therapy (PCIT)

# Child and Family Traumatic Stress Intervention (CFTSI)

- Age range: 7 to 18-years-old, multiple trauma types
- For use in the peri-traumatic period: disclosure in past 45 days
- Early intervention, designed to prevent onset of PTSD
- Brief treatment: 4 to 6 sessions with child and parent

Berkowitz, S., Stover, C.S. & Marans, S. (2010). The Child and Family Traumatic Stress Intervention: Secondary Prevention for Youth at Risk Youth of Developing PTSD. *Journal of Child Psychology and Psychiatry*, 52(6), 676-685.

# Child and Family Traumatic Stress Intervention (CFTSI)

## Treatment Goals:

- Increase communication between the child and parents
- Increase caregivers' support of the child
- Teach behavioural skills to enhance coping of child and caregiver
- Assess needs for long-term treatment

## Evidence:

- Children less likely to have PTSD and anxiety symptoms at post-treatment and 3 month follow-up;
- Recent study showing decreased PTSD in the parent

# Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Age range: Preschoolers to 18 years of age
- A traumatic event is recalled in memory
- Experiencing symptoms and/or distress
- Supportive caregiver actively involved in treatment
- 17+ randomized control trials across diverse trauma types, developmental levels, settings and cultures

# TF-CBT Goals

- Reduce trauma symptoms: re-experiencing, intrusive ideation, hypervigilance, avoidance, shame/guilt/confusion/sadness
- Improve caregiver-child relationships
- Build self-efficacy and life skills

Time: 8-16 sessions

Parenting Skills

Gradual Exposure

Psychoeducation  
Relaxation  
Affect Modulation  
Cognitive Coping

**Stabilization  
Phase**

1/3

Trauma Narrative  
and Processing

**Trauma  
Narrative  
Phase**

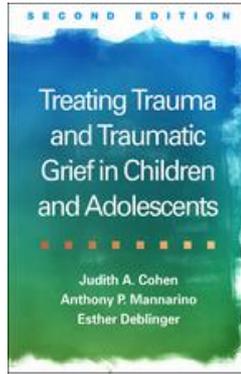
1/3

In vivo  
Conjoint sessions  
Enhancing safety

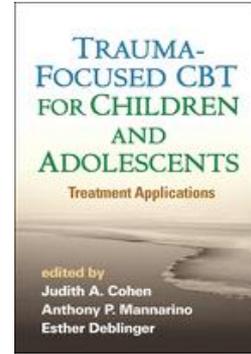
**Integration/  
Consolidation  
Phase**

1/3

# TF-CBT Reference Materials



Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2017). *Treating Trauma and Traumatic Grief in Children and Adolescents*. Second Edition.



Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2012). *Trauma-Focused CBT for Children and Adolescents: Treatment Applications*.

# TF-CBT Adaptations / Implementation Resources

- Foster care
- Residential treatment
- Children with on-going traumas
- Military families
- Children with externalizing behaviour problems
- Youth commercial sexual exploitation
- LGBTQ Youth and their families

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

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

# TF-CBT Web<sup>2.0</sup>

*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



# Parent-Child Interaction Therapy (PCIT)

- For young children (aged 2-8) exhibiting disruptive, externalizing behaviours; adapted for use with traumatized children
- Objective: improving the quality of the parent-child relationship and changing parent-child interaction patterns
- Real-time, bug-in-ear
- Live coaching and monitoring of progress to consolidate skills

Two phases: Skills taught to parents

- 1) Parent learns skills to build relationship
- 2) Parent learns to take charge in a kind way



# PCIT Evidence

Most well-researched and effective treatment for children with disruptive behaviours ages 2-8 years

Strong evidence that it is effective for abused children and their caregivers:

- Reduces symptoms
- Reduces parental stress
- Reduces rates of physical abuse

<https://pcit.ucdavis.edu/pcit-web-course/>

# PCIT – Online Training

pcit-webcourse.s3-us-west-1.amazonaws.com



Menu Transcript

1. PCIT for Traumatized Children
2. PCIT-Parent Child Interaction Therapy
3. Treatment for Traumatized Children
4. Typical Interventions
5. When is PCIT Appropriate?
6. PCIT Example Video
7. PCIT and Traumatized Children
8. Effectiveness of PCIT
9. National Child Traumatic Stress Initiative
10. NCTSN and PCIT
11. UC Davis PCIT Training Center

PCIT Introduction (00:04 / 09:51)

<https://pcit.ucdavis.edu/pcit-web-course/>

WELCOME

PCIT for  
Traumatized  
Children



# Others Treatments with Evidence

- Eye Movement Desensitization and Re-Processing (EMDR)
- Prolonged Exposure Treatment for Adolescents
- Dialectical Behaviour Therapy (DBT)
- Problematic Sexual Behaviour CBT (PSB-CBT) for children and teens: [www.NCSBY.org](http://www.NCSBY.org)
- Child-Parent Psychotherapy
- Dyadic Developmental Psychotherapy
- Circle of Security Parenting
- CONNECT Parent Group
- Alternatives for Families CBT (AF-CBT)

# Why aren't EBT's more widely used in Canada?

- Designed to treat a single disorder?
- Client is too complex: complex trauma history?
- Treatment developed and evaluated in a lab/hospital setting?
- Therapeutic relationship seems secondary?
- Clinic waitlist is already excessively long?
- Training costs?
- Made in the USA
- Too prescriptive, no room for creativity?



# Creative Interventions: Flexibility within Fidelity

Use of play or expressive arts as the medium for delivering EBT



# Resources

- CAC Director's Guide to Mental Health Services for Abused Children (available at [www.nctsn.org](http://www.nctsn.org))
- California Clearinghouse for Evidence Based Practice: [www.cebc4cw.org](http://www.cebc4cw.org)
- Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathways Model (TAP) – Chadwick Centre for Children and Families (2009): [www.taptraining.net](http://www.taptraining.net)
- National Children's Alliance. Evidence-Based Mental Health Treatments for Child Abuse Victims: Quick Reference Guide for Multidisciplinary Teams and Brokers: [www.cac-nh.org](http://www.cac-nh.org)
- National Children's Alliance. Thriving Kids 2019: A National Report on Mental Health Outcomes in Children's Advocacy Centres: [www.nationalchildrensalliance.org/thriving-kids/](http://www.nationalchildrensalliance.org/thriving-kids/)
- National Child Traumatic Stress Network: [www.nctsn.org](http://www.nctsn.org)
- PCIT Web Course: <https://pcit.ucdavis.edu/pcit-web-course/>
- TFCBT Web 2.0: <https://tfcbt2.musc.edu>
  
- TFCBT Telehealth Resources: <https://tfcbt.org/telehealth-resources>
- PCIT Telehealth Resources: <http://www.pcit.org/covid-19-professional-resources.html>



# THE TREEHOUSE

Vancouver Child and Youth Advocacy Centre

**Helping children  
feel like kids  
again.**





**THE** Helping children feel like kids again  
**TREEHOUSE**  
Vancouver Child and Youth Advocacy Centre

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