Alberta Health Services
Alberta Children's Hospital

LUNA
CHILD AND YOUTH ADVOCACY CENTRE

Delivering Evidence-Informed Practice to Maltreated Children and their Caregivers

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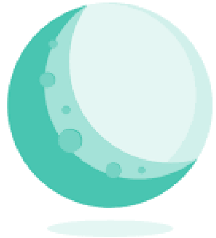
Child Abuse Service

Agenda

- Child Abuse Service (CAS) – An Introduction
- What is an "evidence-informed" treatment?
- How to select a treatment
- Profiling three evidence-informed treatments:
  - Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)
  - Dialectical Behavioural Therapy for Adolescents (DBT-A)
  - Connect Parent Group
- Timing, sequencing, & length of treatments
- Questions

Child Abuse Service



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Child Abuse Service (CAS)

Referrals

- Sexual Abuse
- Physical Abuse
- Neglect

Role of CAS

Child Abuse Service

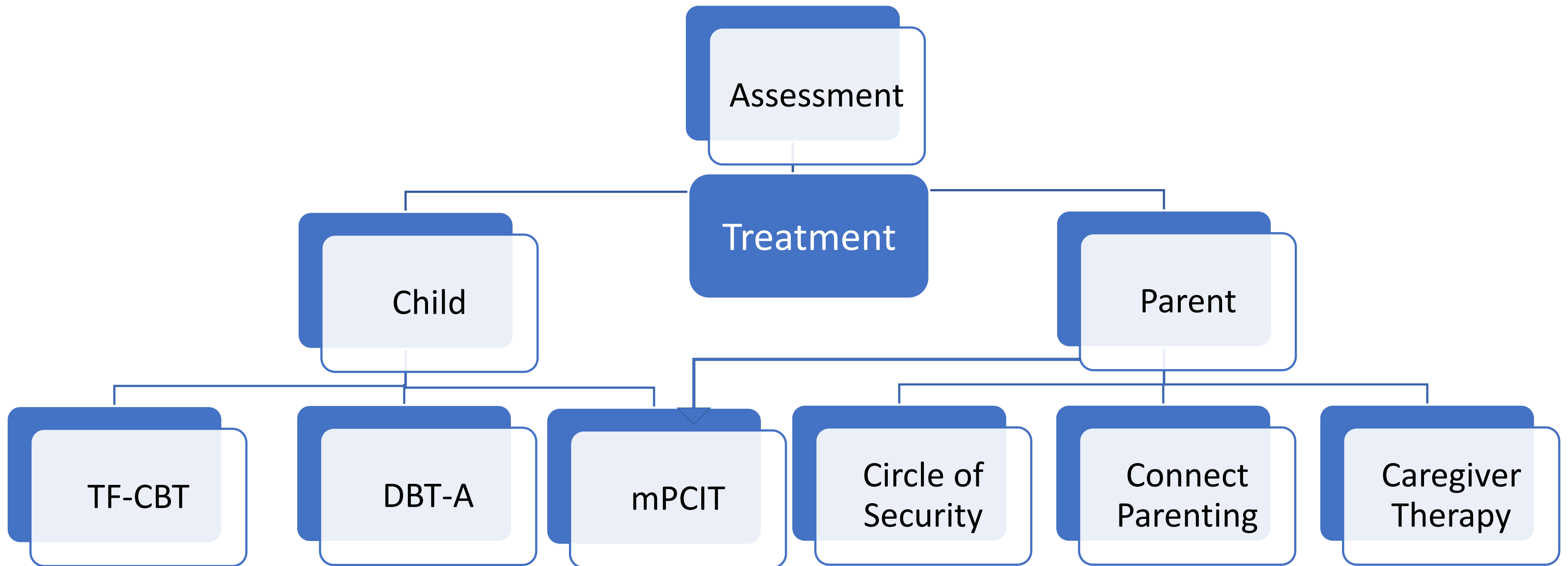
Children and youth, 0 to 18-years-old

Multidisciplinary Team:

- Psychology
- Social Work
- Family Therapy
- Nursing
- Medical

Emphasis on short-term, focused, goal-oriented interventions that are evidence-informed

More on What we do at CAS



National Guidelines

- Guideline 7: Mental Health Evaluation & Treatment Recommended
  - Specialized evidence-informed trauma-focused treatment and mental health services, designed to meet the unique needs of children, youth and their non-offending family members, are essential to the multidisciplinary team response.

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What is Evidence Based Practice?

- Evidence-based practice is:
  - using the best available research evidence to inform each stage of clinical decision making and service delivery.
  - monitoring and evaluating the services provided to clients throughout treatment for risks and benefits.

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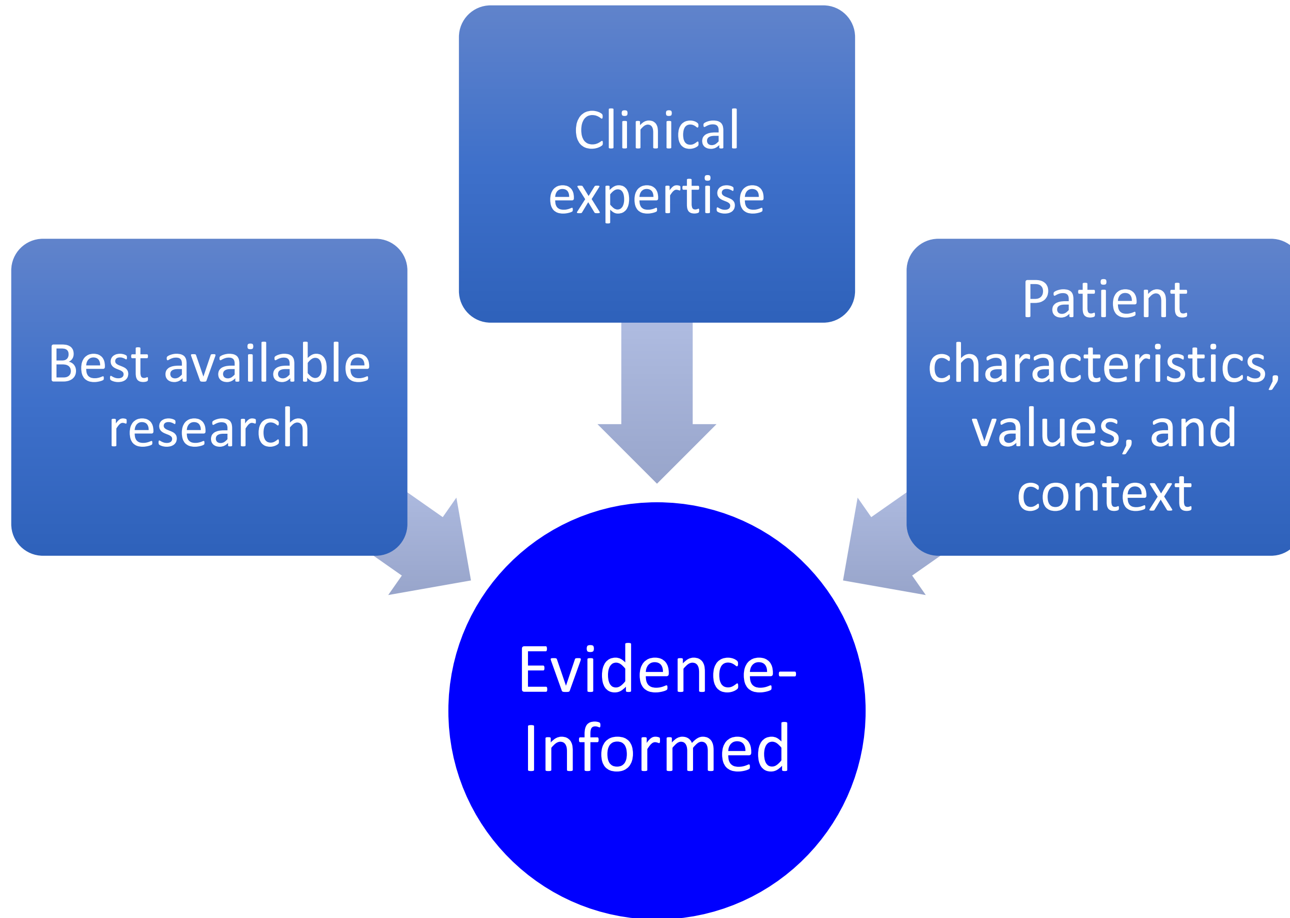
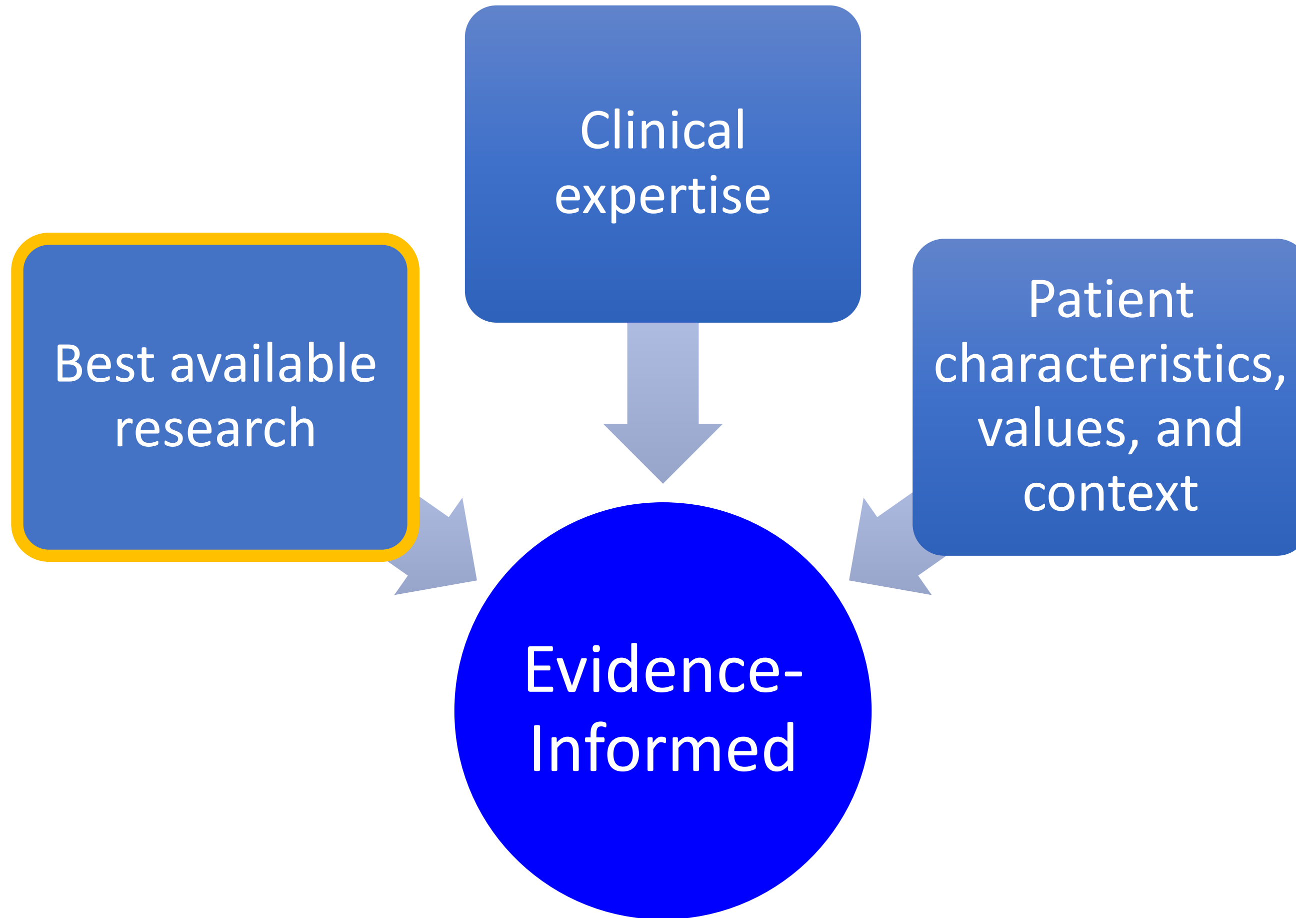
What is Evidence Informed?

- Evidence Based vs. Evidence Informed
  - Evidence Informed is the new term that emphasizes high quality research evidence as an important *part* of the provision of interventions

Evidence-Informed Practice



Evidence-Informed Practice



Strengths of being Evidence Informed

- Promotes life-long learning and critical thinking
- Reduces opinion bias
- Evidence demonstrates:
  - Symptom reduction
  - Long term impact of therapy
  - Cost effectiveness
  - Improved functioning?

Weaknesses of being Evidence Informed

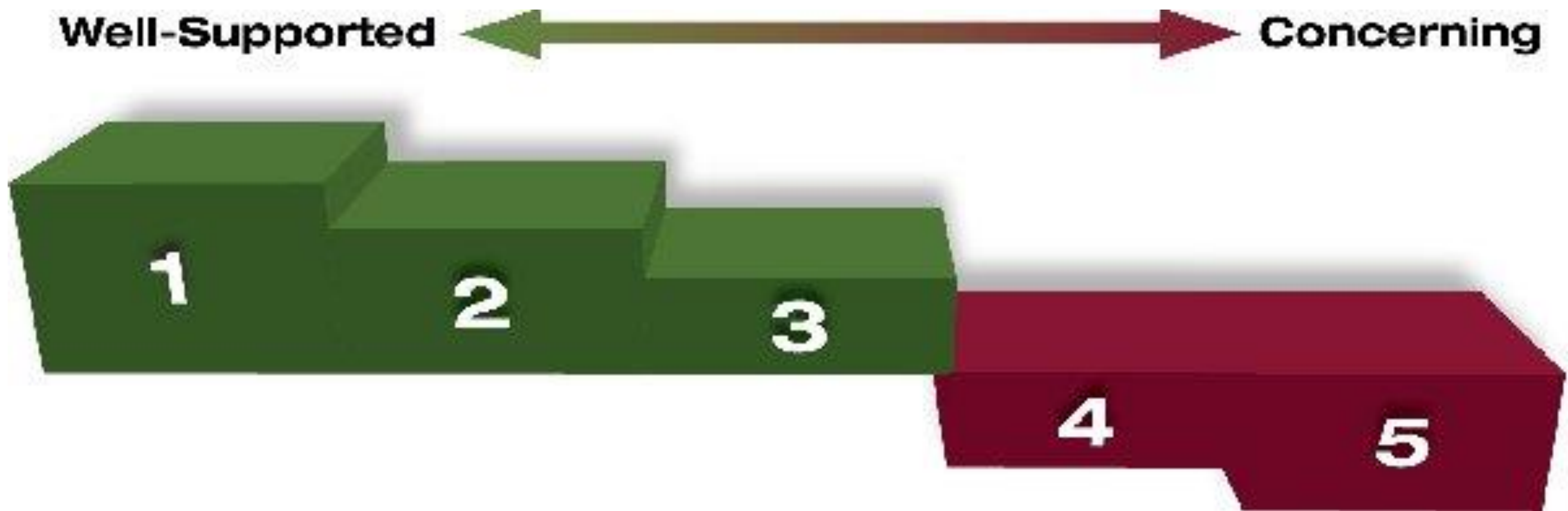
- Training and maintaining knowledge can be costly and time consuming
- Research tends to focus on symptom reduction and not always an improvement in functioning (statistical difference vs. clinical difference)
- Data may unintentionally focus on more ideal clients who have agreed to participate in the research

Myths about Evidence Informed Practice

- ‘Cookbook’ treatments or ‘manualized’
  - Flexibility within fidelity
- Clients’ values are ignored to adhere to EBI
  - Values vs. preferences

Understanding Research Evidence

California Evidence Based Clearinghouse for Child welfare:
http://www.cebc4cw.org



CEBC

THE CALIFORNIA EVIDENCE-BASED
CLEARINGHOUSE
FOR CHILD WELFARE
Information and Resources for Child Welfare Professionals

Home | Program Registry | Implementation | Find Programs

About Us | Resources | What's New | Contact the CEBC | Sign up for The CEBC Connection

Welcome to the CEBC: California Evidence-Based Clearinghouse for Child Welfare

The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.

For information on our sister project, the California Training Institute (CalTrin), please visit www.CalTrin.org.

View Programs

- Searchable database of child welfare related programs.
- Description and information on research evidence for specific programs.

Select and Implement Programs

- Guidance on how to make critical decisions regarding selecting and implementing programs
- Tools and materials to provide support for choosing, implementing and sustaining a program.

Program Registry

The goal of the CEBC Program Registry is to provide a searchable database of programs that can be utilized by professionals that serve children and families involved with the child welfare system.

Find a Program

Using the CEBC - Info Guides

CEBC Review Process

Understanding Evidence-Based Practices

List of Topic Areas

To see the Topic Areas clustered into groups based on types of services highlighted, please click here.

Select a topic area to view the programs that have been reviewed and rated

filter topics

- Alternatives to Long-Term Residential Care Programs
- Anger Management Treatment (Adult)
- Anxiety Treatment (Child & Adolescent)
- Attachment Interventions (Child & Adolescent)
- Behavioral Management Programs for Adolescents in Child Welfare
- Bipolar Disorder Treatment (Child & Adolescent)
- Casework Practice
- Child Welfare Workforce Development and Support Programs
- Commercial Sexual Exploitation of Children and Adolescents: Services for Victims
- Depression Treatment (Adult)
- Depression Treatment (Child & Adolescent)
- Developmental and Autism Spectrum Disorder Interventions (Child & Adolescent)
- Disruptive Behavior Treatment (Child & Adolescent)
- Domestic/Intimate Partner Violence: Batterer Intervention Programs
- Domestic/Intimate Partner Violence: Services for Victims and their Children
- Educational Interventions for Children and Adolescents in Child Welfare
- Family Stabilization Programs

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List of Topic Areas

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trauma

- Trauma Treatment (Adult)
- Trauma Treatment - Client-Level Interventions (Child & Adolescent)
- Trauma Treatment - System-Level Programs (Child & Adolescent)

Topic: Trauma Treatment - Client-Level Interventions (Child & Adolescent)

Definition for Trauma Treatment - Client-Level Interventions (Child & Adolescent):

Trauma Treatment - Client-Level Interventions (Child & Adolescent) are defined by the CEBC as interventions designed to help an individual process a trauma or multiple traumas they have experienced and learn how to cope with the feelings associated with the experience (e.g., fear, posttraumatic stress, anxiety, depression, etc.). Click here to see the overall Trauma Treatment (Child & Adolescent) topic area page.

Please note that interventions for anxiety that do not include a Post-Traumatic Stress Disorder (PTSD) or trauma focus can be found in the Anxiety Treatment topic area.

Scientific Ratings in this topic:

- ✓ **1 - Well-Supported by Research Evidence**
- ✓ **2 - Supported by Research Evidence**
- ✓ **3 - Promising Research Evidence**
- 4 - Evidence Fails to Demonstrate Effect
- 5 - Concerning Practice
- ✓ **NR - Not able to be Rated**

- **Target population:** Children and adolescents who have experienced trauma. A diagnosis of Post-Traumatic Stress Disorder (PTSD) is not required.
- **Services/types that fit:** Typically outpatient services, such as individual, family, or group
- **Delivered by:** Mental health professionals
- **In order to be included:** Program must specifically target trauma treatment as a goal
- **In order to be rated:** There must be research evidence (as specified by Scientific Rating Scale) that examines trauma-related outcomes, such as changes in symptom levels, behaviors, and/or functioning

Downloadable Topic Area Summary - August 2022

Programs Topic Areas Rating Scales

Programs in this Topic Area

The programs listed below have been reviewed by the CEBC and, if appropriate, been rated using the Scientific Rating Scale.

Three Programs with a Scientific Rating of **1 - Well-Supported by Research Evidence**:

Hide search result descriptions compare (?)

Eye Movement Desensitization and Reprocessing (EMDR) [Trauma Treatment - Client-Level Interventions (Child & Adolescent)]
Children and adolescents who have experienced trauma; research has been conducted on posttraumatic stress disorder (PTSD), posttraumatic stress, phobias, and ...

Prolonged Exposure Therapy for Adolescents (PE-A)
Adolescents who have experienced a trauma (e.g., sexual assault, car accident, violent crimes, etc.); has also been used with ...

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
Children with a known trauma history who are experiencing significant posttraumatic stress disorder (PTSD) symptoms, whether or not they meet ...

Two Programs with a Scientific Rating of **2 - Supported by Research Evidence**:

Hide search result descriptions compare (?)

Child-Parent Psychotherapy (CPP)
Children age 0-5, who have experienced a trauma, and their caregivers

Fostering Healthy Futures - Preteen (FHF-P)
Preadolescent children (ages 9-11) who have current or previous child welfare involvement due to one or more adverse childhood experiences (...

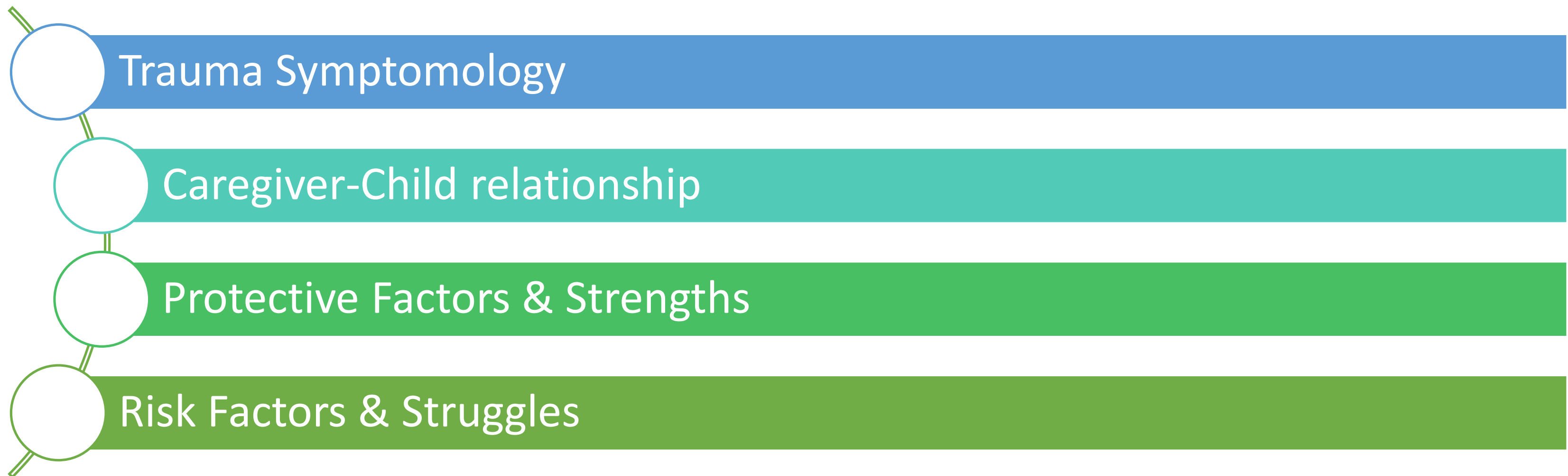
19 Programs with a Scientific Rating of **3 - Promising Research Evidence**:

Hide search result descriptions compare (?)

Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT)

Selecting an EIT: Assessment

Assessment for the purpose of determining appropriate therapeutic supports



Assessment Methods

Formal, standardized measures of child and caregiver functioning & relationship

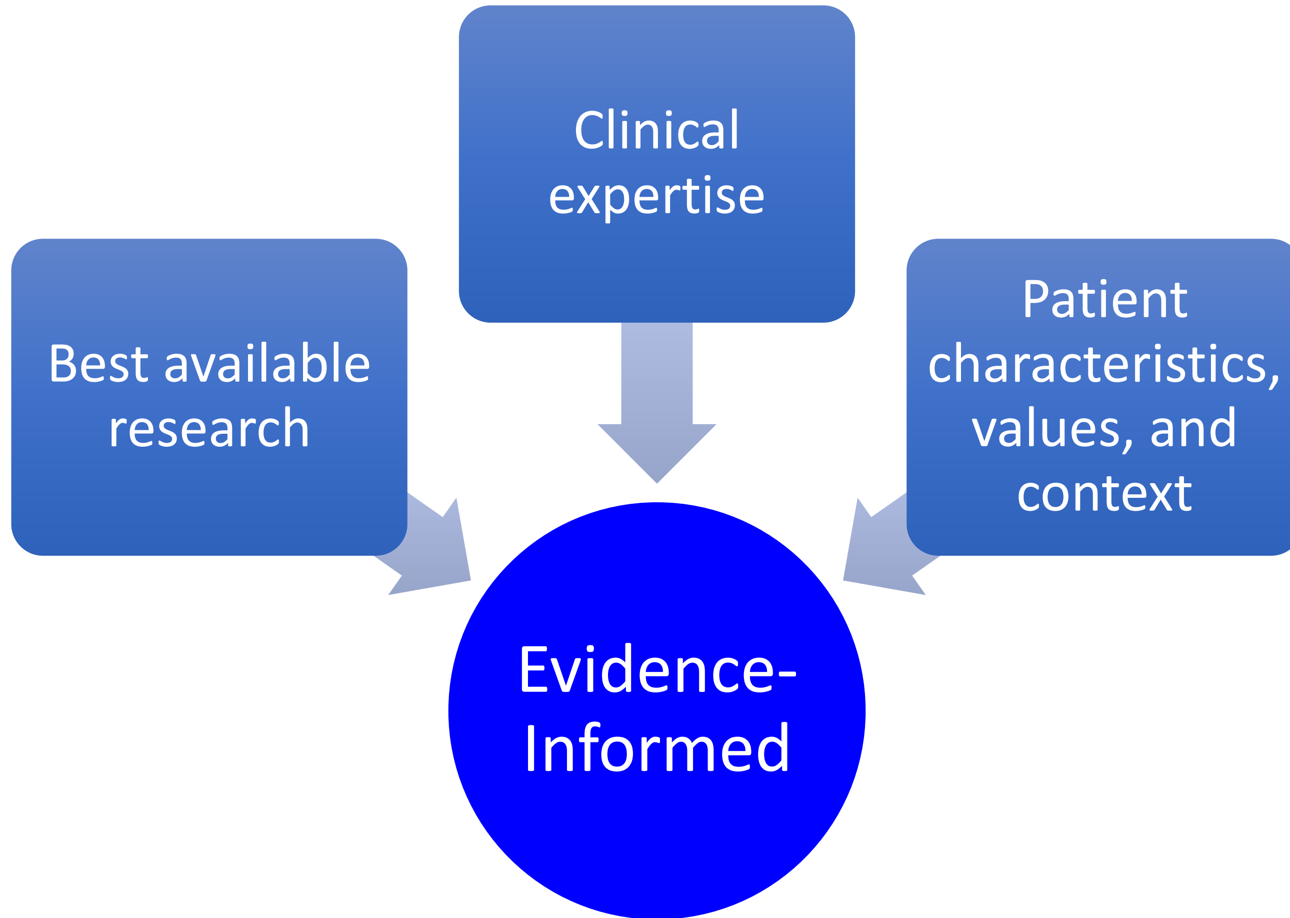
- e.g., CPSS-5, DERS, BASC-3, BASC-PRQ

Behavioural observation

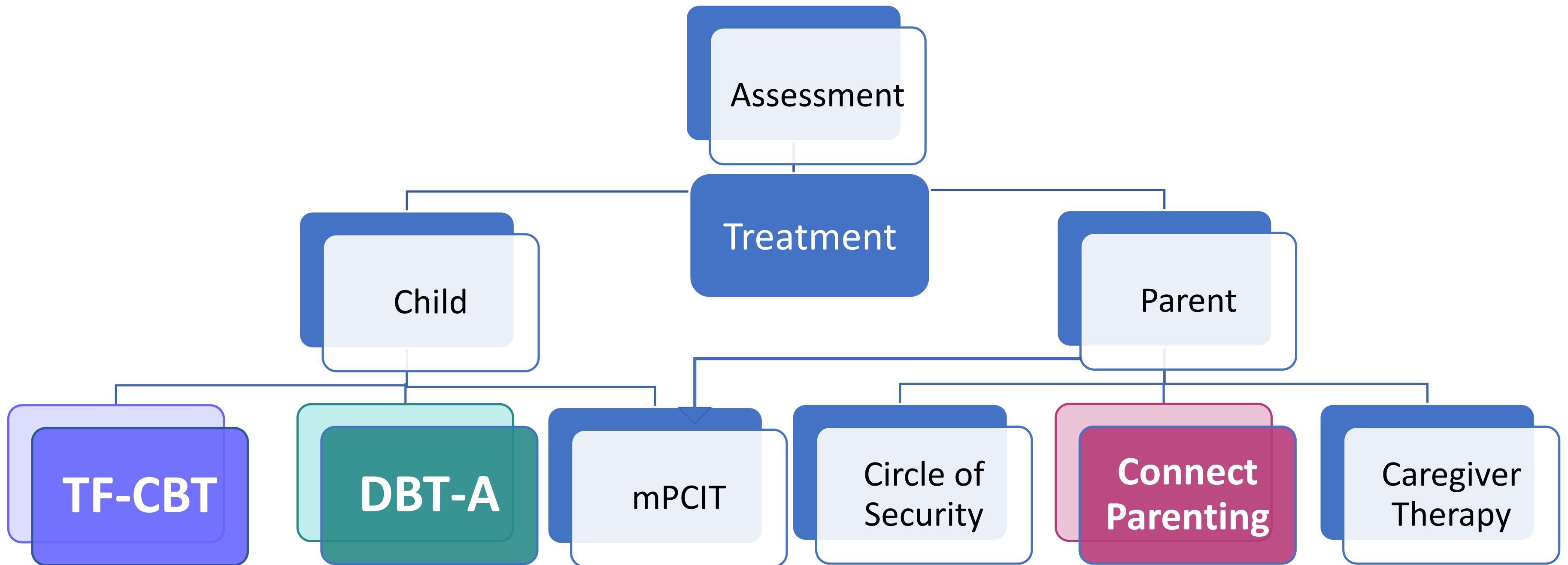
Clinical interviewing

Gathering collateral information (multi-informant)

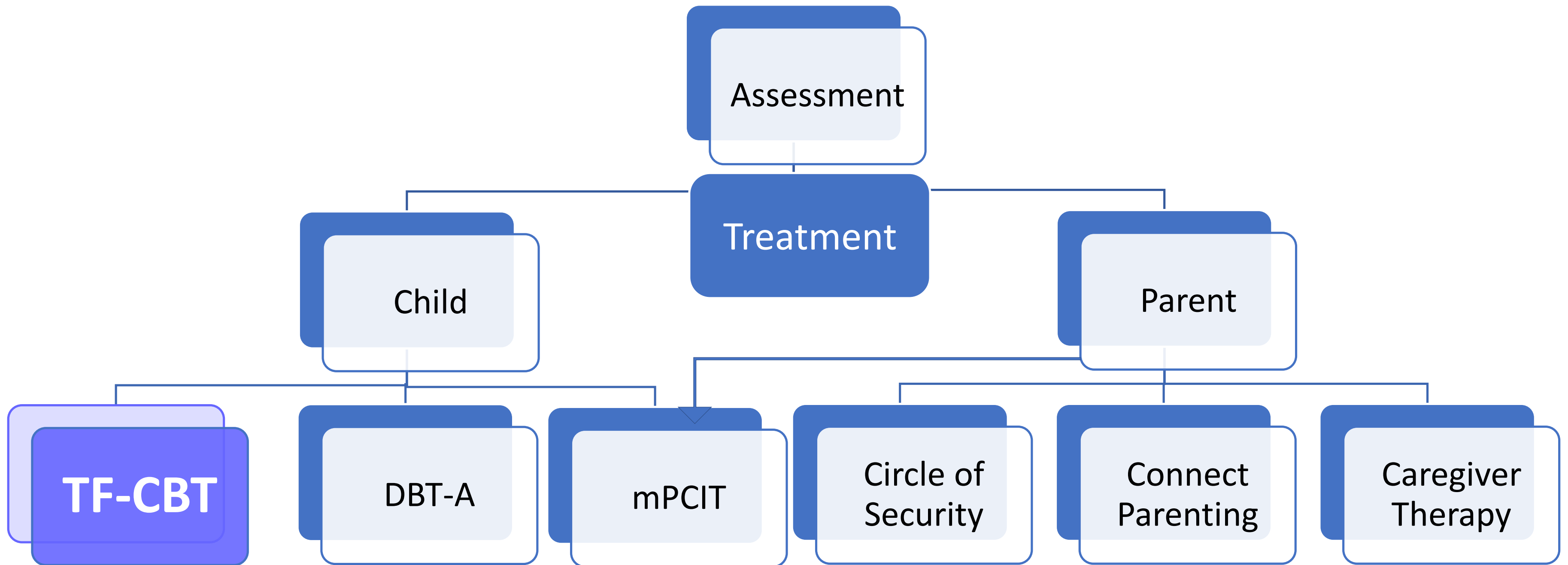
Evidence-Informed Practice



Profiling Three EBTs



Profiling Three EBTs : TF-CBT



Trauma Focused Cognitive Behavioural Therapy

TF-CBT

- Age range: Preschoolers to 18-years-old
- Traumatic event is recalled by the child
- Child experiencing symptoms and/or distress:
  - PTSD symptoms: Re-experiencing, hyper-arousal, fear, avoidance
  - Feelings of guilt, self-blame, shame, confusion, or depression related to the trauma
- Supportive caregiver
- Caregiver actively involved in treatment
- Child not having contact with the abuser*

TF-CBT Sessions Flow

Entire process is gradual exposure

Baseline assessment

1/3	1/3	1/3
Sessions 1 - 4	Sessions 5 - 8	Sessions 9 - 12
✓ **P**sychoeducation /Parenting Skills ✓ **R**elaxation ✓ **A**ffective Expression and Regulation ✓ **C**ognitive Coping	✓ **T**rauma Narrative Development and Processing ✓ **I**n vivo Gradual Exposure	✓ **C**onjoint Parent Child Sessions ✓ **E**nhancing Safety and Future Development

My Treatment Journey!

FINISHED!

#7
Safety & Relationships

#6
Sharing my experience

#5
My Story

#4
My Thoughts

#3
My Feelings

#2
Relaxation & Coping

#1
Learning about Abuse & Loss

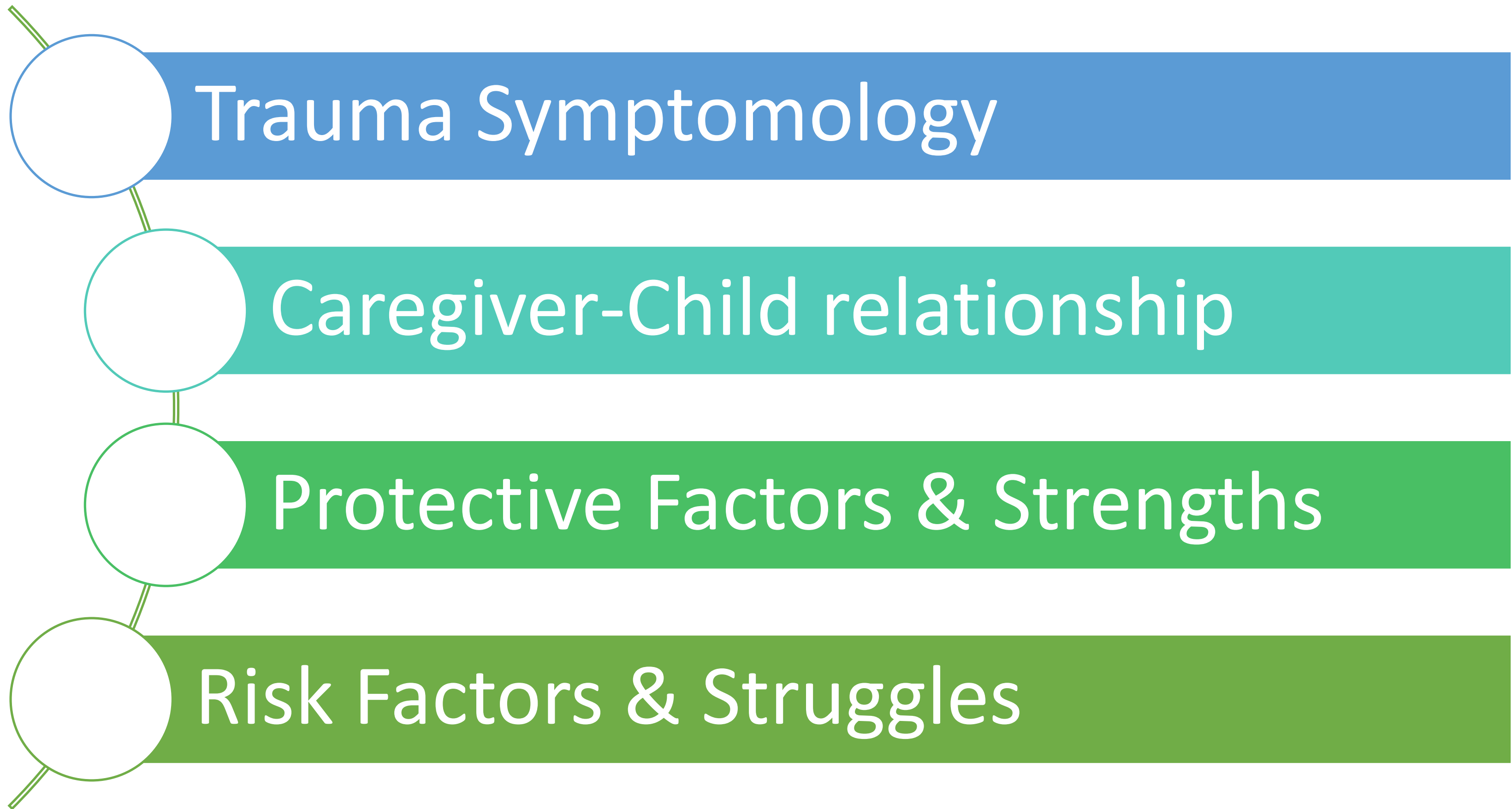
TF-CBT

- A form of gradual exposure therapy with skill enhancement
- Allows the child to experience the negative feelings, thoughts, and memories associated with the trauma in small doses in a safe, controlled environment.
- Goal is for child to be able to tolerate traumatic memories without experiencing significant emotional distress

TF-CBT: Trauma Narrative

- Child tells story gradually in sessions
- Increasing detail about thoughts and feelings during the trauma
- Stress management used throughout narrative
- Cognitive processing and restructuring: Challenge child's misattributions and distorted or unhelpful beliefs
- Child shares trauma narrative with caregiver

Progress Monitoring – Re Assess



TF-CBT: Research Evidence

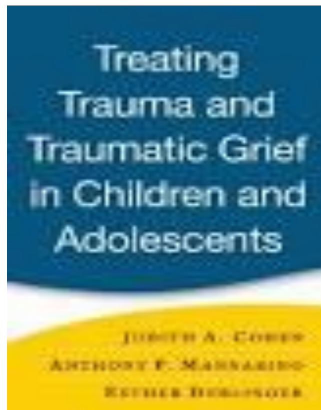
- Considered the most well supported and effective treatment for children who have been abused or traumatized
- Outcomes include improved trauma symptoms, depression and behavior problems compared to nondirective treatments, both at immediate and up to 2 years post treatment
- Improve parental distress, parental support, and parental depression compared with nondirective, supportive treatments

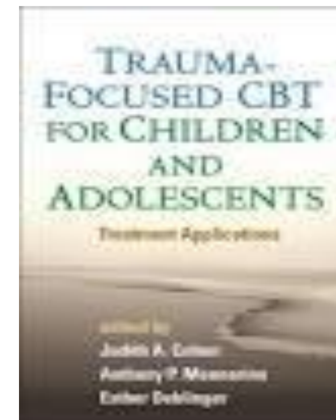
Does TF-CBT work for CAC clients?

- TF-CBT effective with Child Abuse Service population of poly-victimized, complex children and youth
  - effectiveness reduced with increased chronicity of abuse and living placements progressively away from both biological parents
- Children and caregivers report changes consistent with goals of the various components of TF-CBT
- Children and caregivers are very positive about their experiences with TF-CBT
- Therapists very positive about using TF-CBT
  - Structure and focus
  - Flexibility within fidelity; adapt to child/family needs
  - Facilitates tracking progress

TF-CBT Reference Materials

Cohen, J., Mannarino, A., & Deblinger, E. (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents.* Guilford.





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TF-CBT Training

Introductory Online Training
http://tfcbt.musc.edu/

National Certification Process (U.S.)
http://tfcbt.org

TF-CBT Sessions Flow

Entire process is gr...dual e...

What do we do when PRAC skills aren't enough or aren't working?

Baseline assessment

1/3 | 1/3

Sessions 1 - 4

- ✓ **P**sychoeducation /Parenting Skills
- ✓ **R**elaxation
- ✓ **A**ffective Expression and Regulation
- ✓ **C**ognitive Coping

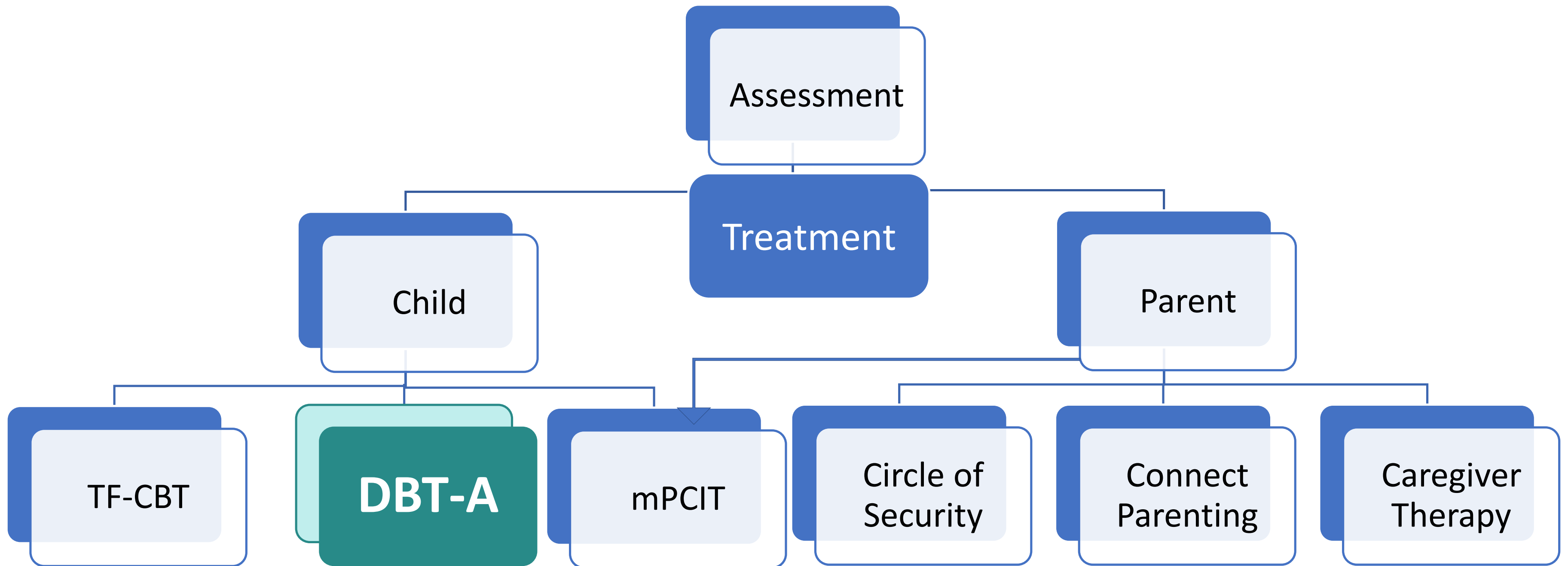
Sessions 5 - 8

- ✓ **T**rauma Narrative Development and Processing
- ✓ **I**n vivo Gradual Exposure

Sessions 9 - 12

- ✓ **C**onjoint Parent Child Sessions
- ✓ **E**nhancing Safety and Future Development

Profiling Three EBTs: DBT-A

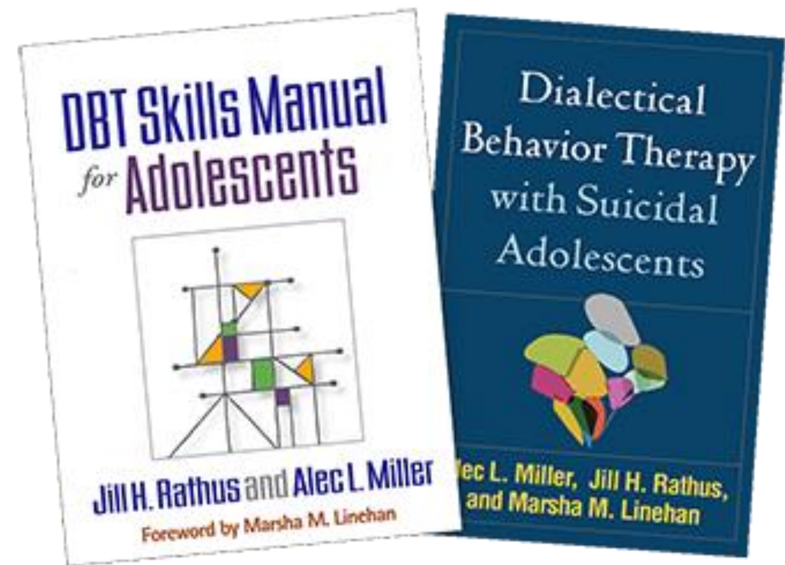


DBT-A: What is it?

- Dialectical Behavioural Therapy for Adolescents (DBT-A)
  - 13 – 19 year-olds & caregivers

- Transdiagnostic treatment for emotion dysregulation

1. 24-week multifamily skills group (2 hours/week)
2. Weekly individual therapy
3. Phone coaching, as required



DBT-A: Who is it for?

- **Borderline Personality Disorder/ complex trauma**
- **Suicidal ideation and self-harm**
- **PTSD**
- **Emotion regulation problems**
- Eating Disorders
- Forensic populations
- **Depressed mood**
- Bipolar Disorder
- Trichotillomania

(e.g.,. Bohus et al., 2000, 2004; Goldstein et al., 2012; Lars et al., 2014; Linehan et al., 1991, 2006; Mason et al., 2009; Palmer, 2003; Safer et al., 2007; Telch, Agras, & Linehan, 2000; Woodberry & Popenoe, 2008)

Emotion Dysregulation

- Biosocial Theory

1. Biological vulnerability
2. Invalidating environment

- Dysregulation can be: emotional, interpersonal, behavioural, cognitive
- Suicidal behaviours, nonsuicidal self-injury, high-risk sexual behaviours, disordered eating, drinking/drug use, interpersonal conflicts, black-and-white thinking, interpersonal conflict

Linehan, 2003; Miller, Rathus, & Linehan, 2007; Valentine et al., 2014

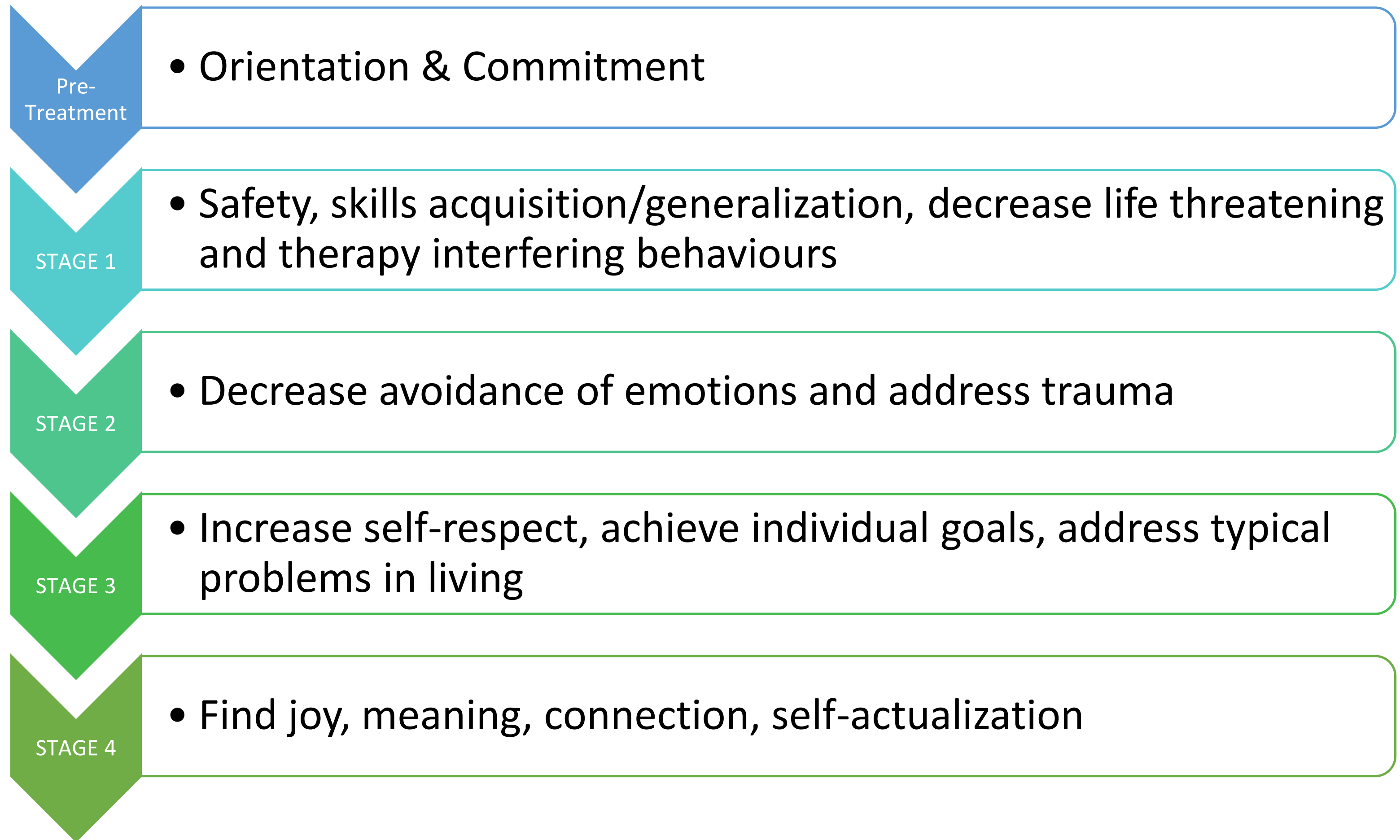
DBT-A: How is it different from TF-CBT?

- 3 key differences from standard CBT:

1. Acceptance and validation of behavior as it is in the moment; balance of acceptance and change
2. Treating therapy-interfering behavior
3. Focus on therapeutic relationship
4. Focus on dialectical processes

DBT-A: Rathus & Miller (2007)

DBT-A Stages of Treatment



Re-assessment of Symptomology

- Target of DBT-A Stage 1 is skill acquisition, emotion regulation, and stabilization (not trauma symptoms directly)

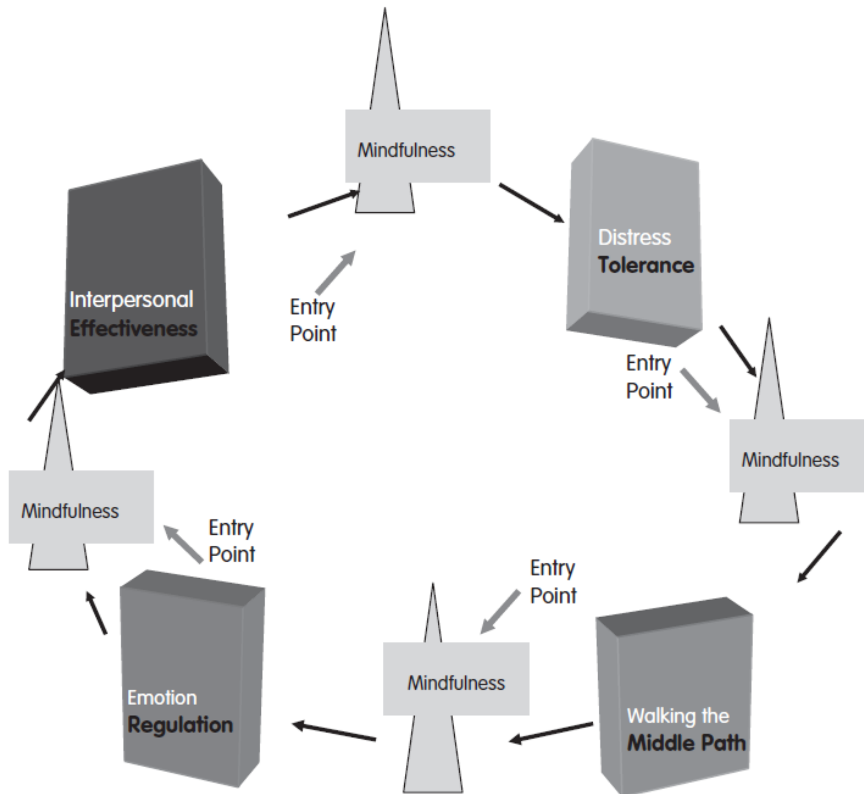
- Re-assess emotion regulation (e.g., DERS) → caregiver and youth
- Re-assess trauma symptoms (e.g., CPSS-5) → caregiver report & youth report

- Readiness for trauma exposure and processing?

STAGE 1

- Safety, skills acquisition/generalization, decrease life threatening and therapy interfering behaviours

DBT-A Multifamily Group Format



Individual Sessions

DBT DIARY CARD Name: Date:

Month:	Suicidal		Self-Harm		Drugs and/or Alcohol		Prescription Medications	Anger	Sadness	Ruminations/ racing thoughts	Dissociation	Anxiety	Happiness	
	0-5		0-5		0-5		Y / N	0-5	0-5	0-5	0-5	0-5	0-5	
	Urge	Action	Urge	Action	Urge	Action								
M														
T														
W														
Th														
F														
St														
Sn														

Pleasurable events that happened during the week:

Instructions: Mark ✕ the days you worked on each skill.		M	T	W	Th	F	St	Sn	NOTES
Mindfulness	1. Wise Mind								
	2. Mindfulness								
Distress Tolerance	3. ACCEPTS (distract)								
	4. Self-soothe/ IMPROVE								
	5. TIPP								
	6. Radical Acceptance								
Walking the Middle Path									
	7. Validate Self								
	8. Validate Someone Else								
	9. Think Dialectically (not Black/White)								
	10. Act Dialectically (walk middle path)								
Emotion Regulation	11. Identifying and Labeling Emotions								
	12. PLEASE (reduce emotion mind)								
	13. Engaging in Pleasant Activities								
	14. Working Toward Long-Term Goals								
	15. Acting Opposite to Current Emotion/ Urge								
Interpersonal Effectiveness	16. DEAR MAN (getting what you want)								
	17. GIVE (improving the relationship)								
	18. FAST (feeling effective and keeping self-respect)								
	19. THINK								

STAGE 2

- Decrease avoidance of emotions and address trauma

- DBT-A does not specify method for trauma exposure and processing

- Radical acceptance
  - How do I move forward from trauma?
  - How do I accept reality when I don’t like it, it isn’t fair, it “shouldn’t” have happened, etc.
- Dialectics
  - Learning to feel multiple, opposing emotions or holding opposing view points at once helps to move forward and get unstuck
  - E.g., I can love AND hate the person who hurt me; I can cherish my body AND feel disgusting, My parents care about me AND they didn’t see what was happening

DBT-A Research

- Adults (DBT)
  - Improve treatment adherence, decrease number of inpatient psychiatric days, & reduce frequency and severity of suicide attempts, self-harm, and suicidal ideation (Bohus, Haaf, & Simms, 2004; Linehan et al., 1999, 2006; Lynch, Morse, Mendelson, & Robins, 2003; Koons et al., 2001; van den Bosch et al., 2005; Verheul et al., 2003)
- Adolescents (DBT-A)
  - Decease self-harm and suicidal ideation
  - Longer treatment duration associated with greater reduction in BPD symptoms (Kothgassner et al., 2021)
- DBT for PTSD
  - Women who experienced childhood sexual abuse (with and without BPD)
  - Reduction in PTSD symptoms (Bohus et al., 2013)

Interventions to Improve Parent-child Relationships

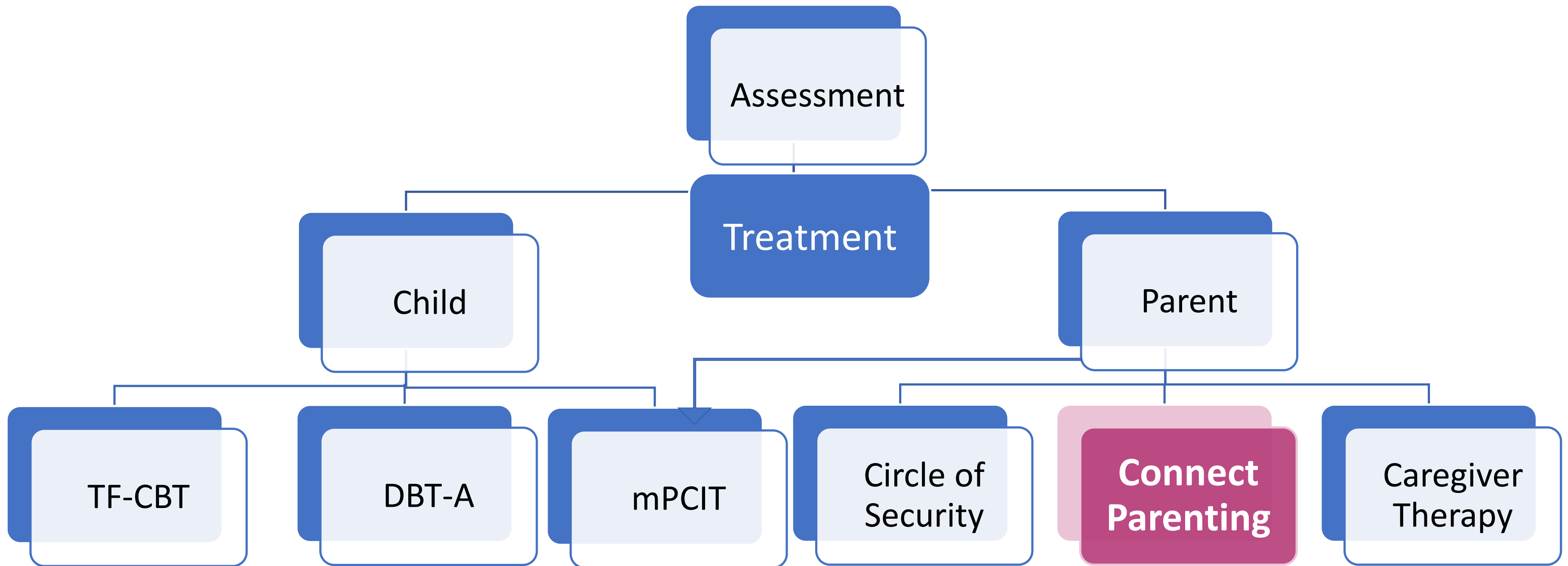
Rational

- Capacity building
    - Enhance natural support
    - Developmental nature of impact of maltreatment
- Stabilization
- Generalization to other siblings

Parallel-process interventions

Attachment –informed interventions

More on What we do at CAS



CONNECT Parenting Group

Manualized group for caregivers

- Pre-teen (8-12 years)
- Teen (13-17 years)
- 10 X 1.5 hour sessions
- Clinically significant behaviour problems

Treatment Goals: Strengthen parent –teen attachment and improve emotion regulation

- Connect Parent Group
- Connect for Kinship & Foster Parents
- Connect for Gender Diversity

Moretti & Connect Clinical Team, 2020

CONNECT Principles

Moretti & Connect Clinical Team, 2020

CONNECT Research

- Active international research program
  - Connect Parent Group
  - Connect for Kinship & Foster Parents
  - Connect for Gender Diversity

- Available in several countries and several different languages

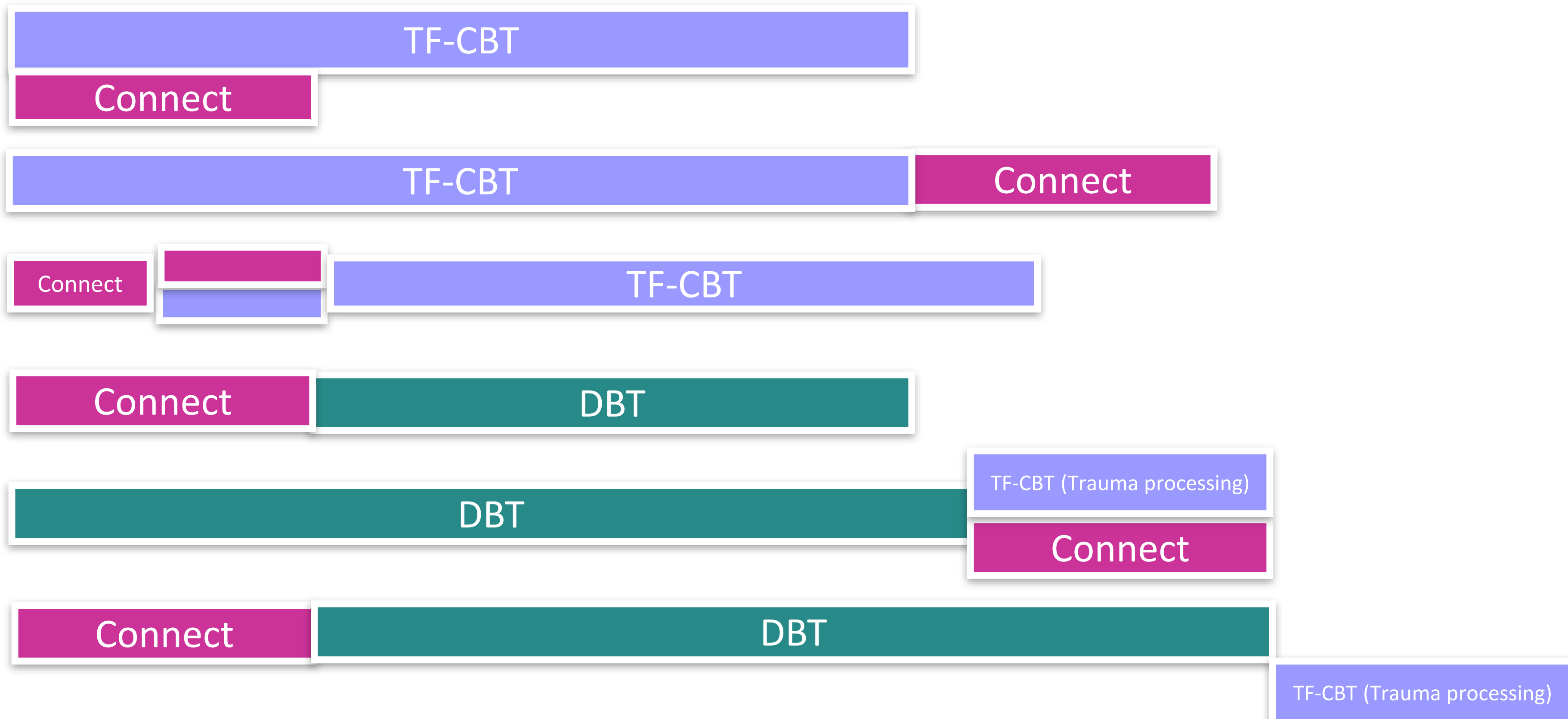
- Reduction in aggressive behaviour, social problems, externalizing problems (Morretti & Obsuth, 2009; Osman et al., 2017)
- Greater positivity, balance & security in parents' view of themselves, teen, and parent-teen relationship Greater understanding, trust, and confidence in teen
- Shift towards more secure child-parent relationships (Morretti, Obsuth, Mayseless & Scharf, 2012)

- 2 year follow-up:
  - maintained reduction in conduct problems, oppositional, internalizing, and teen dysregulation
  - Increase in parenting satisfaction and efficacy (Högström , et al., 2016)

Single, Sequential or Braided Interventions?

Direction is informed by:

- Assessment & Response to treatment
- Early identification of relationship strain



Questions?

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