

Enhance Early Engagement (E3) Webinar 3



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Referring for Mental Health Assessment and Treatment and Monitoring/Tracking MH Services

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Chat Box: Follow-Up from Previous Webinar

1. Are you administering the Child Behavioral Health Screener required for E3?
2. How many screenings have you completed since Webinar 2?



Chat Box: Follow-Up from Previous Webinar

If your number is low, what is the barrier to your being able to provide this initial and critical service to the caregivers?



Chat Box: Follow-Up from Previous Webinar

For those who have administered the Screener, what benefits have you experienced or have caregivers shared?





Poll Question: Follow-Up from Previous Webinar

Of the screening you completed since Webinar 2, if the screener was positive, what percentage of them were you able to refer for a Mental Health Assessment?

1. 0%
2. 1-25%
3. 26-50%
4. 51-74%
5. 75-100%



Chat Box: Follow-Up from Previous Webinar

Please describe any challenges you encountered as you administered and provided feedback from the Screener.



Poll Question: Test of Knowledge

Please choose the most accurate statement?

1. Screening informs the need for treatment
2. Screening informs the need for assessment
3. Assessment does not help determine the appropriate evidence-based treatment
4. Screening must be completed by a mental health professional
5. Use of screening will lead to poor engagement

Road Map–Screening and Assessment

Purpose of Screening

The Victim Advocate administers the Child Behavior Health Screener to the Caregiver to identify if a referral for a mental health assessment is indicated to determine if there is a need for mental health treatment.



Victim Advocate Roadmap for Mental Health Engagement



Services to support child and family healing.

Each step offers an opportunity for engagement of the caregiver and to collaborate with the family to identify and overcome any barriers to Treatment Engagement

1. **Administer Screener and**
gather strengths,
needs, problems and
history from the family

Screening identifies the need for a referral for a **mental health assessment to determine if mental health treatment is needed**

Make a face to face warm referral for a trauma specific **2. Mental Health Assessment** when indicated by the screening and child/family history to identify the need for mental health treatment and to identify the most appropriate evidence based treatment to promote healing of symptoms

Victim Advocate Roadmap for Mental Health Engagement



Services to support child and family healing.

Each step offers an opportunity for engagement of the caregiver and to collaborate with the family to identify and overcome any barriers to Treatment Engagement

If treatment is indicated by the assessment, collaborate with the MH provider to **3. identify behavioral and measurable treatment goals** based on the screening and assessment data and symptoms as well as other input from the family

In collaboration with the MH provider identify the most appropriate evidence-based MH treatment to reduce identified symptoms to meet the treatment goals

Match symptoms and treatment goals with **4. Evidence Based Mental Health Treatment** and describe the benefit of the identified EBT to the family. Continue to monitor for barriers to treatment engagement

Victim Advocate Roadmap for Mental Health Engagement



Services to support child and family healing.

Each step offers an opportunity for engagement of the caregiver and to collaborate with the family to identify and overcome any barriers to Treatment Engagement

When the evidence-based treatment best able to meet the treatment goals has been identified

5. Identify a mental health professional who has the appropriate training to deliver the identified EBT with fidelity. Use the Desk Card to evaluate if MH professional meets NCA MH standard criteria. Share experience and training of therapist with the Family . Help family identify any questions they want to ask the MH professionals and facilitate communication and **Make a face to face collaborative referral to that provider**



Chat Box

What is the process that you have used at your CAC to identify MH professionals who meet the criteria required by the NCA MH Accreditation Standard?



Victim Advocate Roadmap for Mental Health Engagement



Services to support child and family healing.

Each step offers an opportunity for engagement of the caregiver and to collaborate with the family to identify and overcome any barriers to Treatment Engagement

Following the warm collaborative referral to an appropriate EBT MH provider

Maintain **6 .On going collaboration with the family and MH provider to identify and overcome any barriers to Treatment Engagement**

Victim Advocate Roadmap for Mental Health Engagement



Services to support child and family healing.

Each step offers an opportunity for engagement of the caregiver and to collaborate with the family to identify and overcome any barriers to Treatment Engagement

Following the warm collaborative referral to an appropriate EBT MH provider

Consistently 7. **Monitor treatment engagement** and **track progress** through collaboration with MH professional and family and **address/resolve any barriers to success** with the family and the MDT as needed. Document data regarding progress, barriers and successful treatment completion



Poll Question

Does your CAC monitor treatment engagement and track progress?

1. Yes
2. No
3. Unsure



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Chat Box

What method are you using to monitor and track mental treatment progress for each child/family seen at your CAC?



Chat Box

If you are not monitoring and tracking mental health progress, what are the barriers?





Chat Box

If you are not monitoring mental health treatment progress how do you know if the children get better?

And Celebrate !!!

Celebrate treatment
Completion and
Success with
the family and
the MDT



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Engagement of Mental Health Trauma Assessment and Mental Health Treatment

Engagement strategies to overcome the barrier of not viewing treatment as needed:

- Highlight their main concerns
 - Both related to trauma and not related to trauma
 - Incorporate into referral
- Provide education on trauma
- Review screening results and results from family meetings
- Provide education on quality trauma assessment
 - Information gathering
 - Child may or may not require treatment
- Label assessment/treatment as prevention
- Could another barrier such as fear/avoidance of discussing/acknowledging impact of trauma really be what's going on?



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Engagement of Mental Health Trauma Assessment and Mental Health Treatment

Engagement strategies to overcome barrier of fear/avoidance related to discussing/acknowledging the impact of trauma of the family:

- Identify resiliency and supportive/protective factors
- Identify thought behind the fear and address
 - Guilt/responsibility
 - Caregiver trauma history
 - Caregiver mental health
 - Lack of social support
 - “It will be difficult”
 - Too difficult to believe
 - Child will never be happy again or heal
 - Others



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Engagement of Mental Health Trauma Assessment and Mental Health Treatment

Engagement strategies to overcome barrier of fear/avoidance related to discussing/acknowledging the impact of trauma of the family Cont'd:

- Validate their thoughts
- Provide education on effectiveness of evidence-based treatments
- Awareness of support and mental health services for adults
- Importance of caregivers in healing and ensuring safety
 - Therapist is the expert in treatment while the caregiver is the expert in their family



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Engagement of Mental Health Trauma Assessment and Mental Health Treatment

Engagement strategies to overcome barrier of caregiver mental health and trauma symptoms:

- Awareness of support and mental health services for adults
- Identify and build social support
- Caregivers symptoms may improve through involvement in child's services
- Provide support, empathy, and validation
- Identification of temporary alternate caregiver to participate in child's services



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Engagement of Mental Health Trauma Assessment and Mental Health Treatment

Engagement strategies to overcome barriers related to previous negative experiences with mental health services:

- Gather info on what did not work and why
 - Symptoms did not improve
 - Caregiver not involved
 - Over diagnosed and medicated
 - Blamed parent
 - Provider competence
 - They just hung out
 - Did not understand our culture
 - Inconsistent attendance
 - Appointments scheduled infrequently by provider
 - Others

Engagement Strategies to Overcome Barriers related to previous negative experience with Mental Health

- Educate on differences between evidence-based treatment and previous experiences
 - Focused
 - Time-limited
 - Skills based
 - Caregiver involvement and collaborative
 - Effective
 - Regular and consistent appointments
 - Trauma and culturally informed
- Share previous successful experiences with mental health professional and evidence-based treatment
- Introduce and have conversation with the mental health professional to discuss expectations of child, caregiver, and therapist



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Engagement of Mental Health Trauma Assessment and Mental Health Treatment

Engagement strategies to overcome barrier of stigma related to mental health services:

- Gather information on family/religious/community culture
- Provide education on evidence-based treatment and how different than previous experiences or how portrayed on media
- Reach out to respected figures within community to reassess views towards mental health treatment
- Discuss effectiveness of treatment and parallels to medical treatment



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Engagement of Mental Health Trauma Assessment and Mental Health Treatment

Engagement strategies to overcome barrier of stigma related to financial concerns

- Availability of financial support
- Cost of services
- Day care
- Transportation assistance
- Problem solving
- Apply for financial assistance
- Others



Chat Box

What is the most common barrier that you have experienced from the families you have worked with at your CAC?



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Chat Box Question

Based on your experience and learning what steps are you taking to address and overcome that barrier?



Engagement of MH Trauma Assessment and MH Treatment

Additional engagement strategies to overcome barriers:

- Testimonials
- First-hand experience with families
- Value of the Warm handoff
- Outline referral process
- Schedule appointment with family
- Assist with paperwork
- Limit time until the start of services
- Follow-up with family on progress
- Be a collaborative partner with the family for success
- Participate in MDT





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Poll Question

Please choose all that describe how mental health assessment and treatment services are provided to the majority of the children served by your CAC.

1. Services provided on-site
2. Services provided off-site through contracts/linkage agreements
3. Outside referral without a contract/linkage agreement
4. Other



Chat Box

How do you determine if the MH professional you are referring to is qualified to provide the appropriate Evidence Based MH Treatment?



Expectations of Evidence-Based Mental Health Treatment

*See Desk Card

What is an evidence-based trauma treatment?

- Validated as effective/efficacious through review of available evidence
- Manualized
- Time-limited
- Focused
- Consistent with trauma-informed principles
- Culturally informed



Expectations of Evidence Based Mental Health Treatment

What is an evidence-based trauma treatment cont'd?

- Involves caregivers
- Targets parenting practices
- Enhances safety
- Provides education on trauma and trauma symptoms
- Builds coping skills as well as other supportive and protective factors
- Allows the child and caregiver to process their traumatic experience



Evidence-based MH Treatments

There are evidence-based trauma treatments for all age children who experienced traumatic events.

- Improve acute stress (i.e., symptoms immediately following traumatic events)
- Improve posttraumatic stress symptoms (i.e., symptoms present more than a month after experiencing traumatic events)
- Improve other trauma-related symptoms such as depression, anxiety, behavior difficulties, and/or problematic sexual behavior.



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What are the Common Evidence-Based Treatments at CACs? (NCA recognizes)

Child and Family Traumatic Stress Intervention

(7-18; Acute Stress)

Alternative for Families; A Cognitive Behavioral Therapy

(5-17; Physical abuse/conflict/physical discipline)

Problematic Sexual Behavior-CBT

(7 to 12; some programs up to 14; PSB)

Trauma-Focused Cognitive Behavioral Therapy

(3 to 18; PTSD Symptoms)

Eye Movement Desensitization and Reprocessing

(2 to 17; PTSD Symptoms)

Parent-Child Interaction Therapy

(2 to 7; Behavior Difficulties)

Child-Parent Psychotherapy

(0 to 5; PTSD Symptoms)



0



9



18

Age Continuum



Poll Question: EBTs Available in Your Community

How many of these EBTs do you have available in your in community

1. 0
2. 1
3. 2
4. 3
5. 4 or more



Chat Box: EBTs Available in Your Community

Please describe in the chat box, the **challenges** in referring for evidence-based treatment in your community?



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Chat Box: EBTs Available in Your Community

Please describe in the chat box, the **benefits** you have noticed for families when they receive evidence-based treatment in your community?



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Building MH Referrals Resources

Identify MH providers both on-site or through linkage agreements

*See Desk

Card

- National or state rosters for EBPs
- Questions to ask providers
 - Age of clients served
 - Insurance,
 - Preferred populations (e.g., IDD, Behavior difficulties, anxiety/depression, PSB)
 - Waitlist
 - Languages/access to translator
 - Frequency of appointments
 - Involvement of caregivers
 - If agency provides EBP services for adults with trauma and other mental health symptoms



Building MH Referrals Resources

*See Desk Card

- What EBPs is the mental health professional trained in?
- What was the training process?
- Registered or Nationally Certified
- Describe model
- Typical time to complete EBP
- Data to support this
- What assessments are used
- Comfort, experience, and availability to collaborate with CAC and other systems involved with the family
- With appropriate releases, how will they share data with the MDT regarding verification of attendance, treatment goals/plans, treatment progress, other supports needed to overcome barriers to family engagement.



Follow-up and Monitoring of MH Services

Following-up with families and monitoring symptoms as well as treatment progress can help facilitate lasting healing in families.

- At the first meeting ask permission from the family to follow-up with them.
- Identify additional supportive and caring individuals in the family's life
- Monitor follow through with assessment and treatment
- **If the family did not follow through:**
 - Provide support and validation
 - Assess symptoms/concerns with conversation and screener
 - If still in need of services, assess barriers and attempt to re-engage
 - Share with MDT



Follow-up and Monitoring of MH Service

Cont'd

When the family does follow through:

- Provide support and validation
- Assess symptoms/concerns with conversation and screener
- **If improved:**
 - Celebrate!
 - Provide more validation
 - Gather information on any other family questions/needs
 - Gather any concerns from caregiver on continued commitment to services. When kids start to improve therapy can seem less important.
 - Education about importance of successfully completing treatment
 - Analogy of antibiotics
 - Share with MDT



Follow-up and Monitoring Cont'd

When the family does follow through:

- If **not improved** collaborate with the MH provider
 - Some common reasons for a lack of improvement
 - Poor attendance
 - Lack of caregiver participation
 - Poor therapist fit
 - Not receiving evidence-based treatment
 - Still in beginning parts of treatment
 - Others
 - Attempt to identify any internal or external barriers
 - Problem solve, provide education, re-engage, and/or change treatment plans
 - Discuss with MDT partners



A Victim Advocate Roadmap to Family Engagement



Services to support child and family healing.

Each step offers an opportunity for engagement of the caregiver and to collaborate with the family to identify and overcome any barriers to Treatment Engagement

1. Administer Screen

And gather strengths, needs, problems and history from the family

Make a face to face referral for a trauma specific
2. Mental Health Assessment if indicated by the screening and child/family history

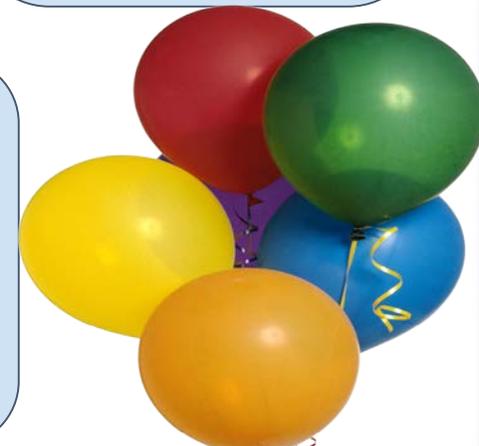
If indicated by the assessment facilitate collaboration with the family and MH provider to identify measurable and behavioral goals and
3. Treatment Plan based on the screening and assessment data and information gathered from the family and other sources

Match treatment plan/goals with
4. Evidence Based Mental Health Treatment and describe benefit of the identified EBT to the family. Continue to monitor for barriers to treatment engagement

Identify an appropriately trained mental health professional. Share experience and training of therapist with the Family. **5. Make a face to face warm handoff/collaborative referral**

Engage in **6. On going collaboration with the family to identify and overcome any barriers to continued Treatment Engagement**

Consistently **7. Monitor treatment engagement and track progress** through collaboration with MH professional and family and **address/resolve any barriers to success** with the family and the MDT as needed





Poll Question: MDT Involvement

Choose all that describe your involvement on MDT

1. Regular member of your MDT
2. Consistently attend MDT meetings
3. Participate in case reviews
4. Provide information to another team member to present at the MDT
5. Rarely participate or provide information to MDT
6. Do not participate or provide information to MDT
7. What is a MDT?



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The VA and Multidisciplinary Team Partners

Victim Advocate participation in the MDT will enhance the likelihood of a treatment team that functions well for the individual family to heal

- Advocates play a vital role as an MDT member.
- VA relationships with the family and knowledge of all aspect of their case are often unmatched by other MDT members.
- VAs inform MDT of assessment and treatment progress from follow-ups
- VAs problem solve barriers and/or next steps for the family with the MDT
- VAs ensure recommendations for the family from MDT are implemented
- VAs facilitate the MDT Celebrating successes as a team!



Desk Cards to Support Improved Outcomes

Please keep the **DESK CARDS** available as you continue to work with child victims and their families. They were designed as a support to sustaining and remembering the steps and strategies involved in the delivery of services to support improved family engagement and mental health outcomes for the children and families served through your CAC.



Action Plans Moving Forward to Create and Sustain Improved MH Outcomes

Collaborate with you Senior Leadership to:

- Adopt the goals of E3 as your CAC's goals to improve MH outcomes for children and families seen at CACs through the intentional use of EBT family engagement strategies.
- Expand and Share your Family Engagement knowledge and skill with your colleagues and your MDT.
- Increase the responsibility of your MDT in engaging families in MH services
- Support the consistent use of the screener with each caregiver through CAC policy (see policy template)



Action Steps Moving Forward to Create and Sustain Change



Collaborate with your CAC leadership to:

- Examine VA role and participation on your MDT and consider changes
- Ensure the training necessary to sustain Evidence-Based Family Engagement strategies and the services to support mental health treatment is provided to new hires and reinforced through training of all CAC and MDT staff.
- Implement systematic follow up with families.
- Assess the quality and number of collaborative relationships you and your CAC have with MH service providers.

Action Plans Moving Forward to Create and Sustain Improved MH Outcomes

- Share the VA Roadmap with your colleagues and your MDT.
- Engage and collaborate with your MDT in identifying steps each partner agency will take to support EBT Screening, MH Assessment, EBT Treatment, Collaborative Referrals, Monitoring, Tracking and Celebrating Successful treatment completion with the family and the MDT.
- Collaborate with your MDT to integrate these steps and plans into you MDT Community Response Protocol moving forward.



Action Plans Moving Forward to Create and Sustain Improved MH Outcomes

- Develop a system for documenting, monitoring and tracking data to include outcomes to be able to answer the question of children served through your CAC getting better/healing from identified trauma symptoms.



Practice Goals of this Training

To increase the number of children and their caregivers served through a given (your) CAC who are:

- screened and assessed for treatment needs
- referred for evidence supported treatment based on the needs identified through the screening and assessment
- engaged in that treatment through attendance and participation to successful completion



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Research Question to be Answered

Can training for Victim Advocates on Mental Health Screening and Family Engagement Strategies lead to Improved Child Outcomes through Successful Engagement in Evidence Based Services?

So, Success requires that Victim Advocates:

1. Learn and believe that Family Engagement is Critical to improved MH outcomes for child victims
2. Learn/know how and use evidence-based Family Engagement strategies to increase participation and completion of MH treatment by families served through our CACs.
3. To accept attitudinally that this is important, and to act and on that belief, and to use your knowledge and skills to make it happen.





Chat Box

What are your goals moving forward?





Chat Box

What are you willing to commit to in support of the implementation of this new practice?



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Chat Box

Please share how you envision sustaining the practice necessary to support these goals.



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Upcoming Data Collection



- **Next data collection – July 13-24**
 - 1st week (July 13-17) – Child Data forms
 - 2nd week (July 20-24) – Child Data and Family Engagement Forms
- *During the 2 week window, you will complete Child Data forms on all *NEW* children served at your center
- **Victim Advocate Surveys and Senior Leader Surveys**
 - Send out week of July 13
 - Complete by the end of July
- **Training Videos on NCA Engage**
- **Log in to accounts in June as a check**
 - Double check the last item (did they start services recommended) of the Child Data forms from January.

Collaborative Sharing

Please share your Questions, observations, ideas and recommendations to inform future CAC trainings and improved MH outcomes via the Chat Box.

ALSO

Please continue to think about ideas and recommendations regarding this and future training and share with us via email.

Contact:

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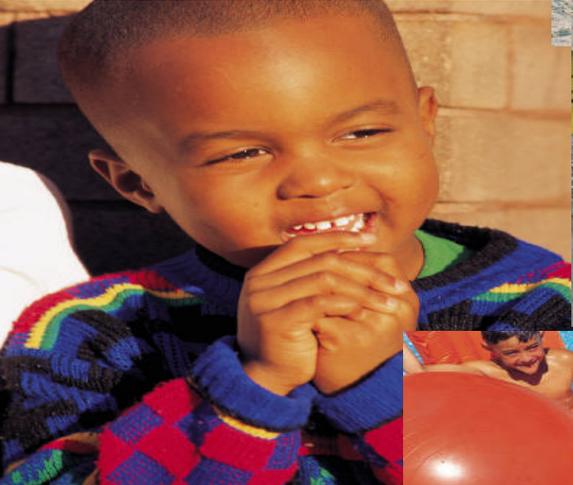
Thank you.



Remember Who We Work For!!



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Empowering local communities to serve child victims of abuse.

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