

Enhance Early Engagement (E3) in Mental Health Care

Webinar 5: Evidence-Based Treatments and Sustaining Changes to Service Delivery

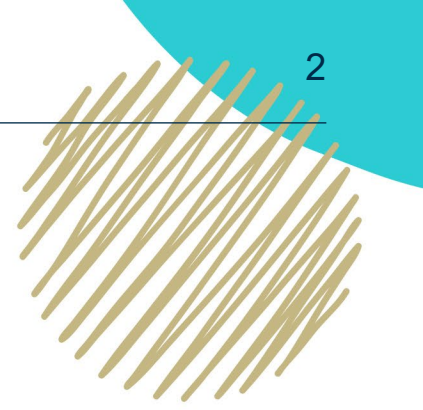


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Your Trainers



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Learning Objectives

To be able to:

- Describe what is Evidence-Based Trauma Focused MH Treatment
- Identify the Evidence-Based Treatments that meet NCA's Accreditation Standards
- Understand populations served by each of the Evidence-Based Treatments
- Learn strategies for building MH Collaboration
- Learn the importance of follow-up and monitoring MH treatment
- Understand the Victim Advocates role on the MDT specifically as it relates to being the voice for the family
- Create steps moving forward and an a plan for sustaining changes

What is an Evidence-Based Trauma Focused Mental Health Treatment - **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
- Treatment typically includes weekly sessions and last between 12 and 20 weeks.

Characteristics of an Evidence-Based Trauma Treatment – Desk Card 17

- 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 Trauma Focused Treatments - Desk Card

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

What Are the Evidence-Based Treatments that Meet the NCA Accreditation Standards

Child and Family Trauma Stress Intervention (7-18; Acute Stress)

Problematic Sexual Behavior - Cognitive Behavior Therapy (7 to 14; PSB)

Alternative for Families; A Cognitive Behavioral Therapy (5-17; Physical abuse/conflict/physical discipline)

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

Why Only These Treatments

- The treatments listed as approved to meet the NCA MH Accreditation Standard have evidence of their effectiveness for the issues presented by the majority of children seen at CACs.
- CACs provide services to children who have been the victim of maltreatment and who present with symptoms resulting from that trauma.

1: Building Mental Health Collaboration –Desk Card

Identifying providers to refer to:

- On-site and/or through linkage agreements
- 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

2: Building Mental Health Collaboration –Desk Card

Questions to ask providers Cont'd:

- What EBPs trained in?

- ★ What was the training process
- ★ Roistered 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.

1: Follow-up and Monitoring of Treatment

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

- Asking permission to follow-up at first meeting
- Additional supportive and caring person in the family's life
- Monitor follow through with assessment and treatment
- If 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

2: Follow-up and Monitoring of Treatment

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

3: Follow-up and Monitoring of Treatment

Followed through but did not improve:

- Support and validate
- Gather information on possible reasons why
 - ★ 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 plans
- Discuss with MDT

4: Follow-up and Monitoring of Treatment

When the family did not follow through with treatment:

- Explore reasons why they did not follow through (non-confrontational using TIES and MI skills)
 - ★ Timing for starting MH does not work for the family
 - ★ Does not believe the child needs therapy
 - ★ Other complicating factors (finances, scheduling, transportation, etc.)

- If they continue to decline MH services:
 - ★ Educate them about recognizing trauma symptoms in their child
 - ★ Encourage them to call if they have any concerns about their child
 - ★ Ask permission to follow-up with them in 30 days
 - ★ Re-assess need at that time
 - ★ Follow-up as indicated – consider another 30 day follow-up

Victim Advocate and the MDT

Advocate's 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 of MDT, Your relationships with the family and knowledge of all aspect of their case are often unmatched by other MDT members.
- Inform MDT of assessment and treatment progress from follow-ups
- Problem solve as a team the barriers and/or next steps for the family
- Ensure recommendations for the family from MDT are implemented
- Celebrate successes as a team!

Steps Moving Forward

- Creating and Sustaining change:
- Moving toward consistent use of screener
 - ★ Adding additional screeners
- Practice and seek support for use of engagement strategies
- Work with CAC to develop/enhance access to evidence-based assessment and treatment
- Providing services on site
 - ★ Creating/revisiting agreements with off-site providers
 - ★ Assessment of the quality of mental health services by providers
 - ★ Making connections with providers and/or enhancing the relationship
 - ★ Collaborate with community in applying for NCA and other entity funds for evidence-based treatment training
- Implement follow-ups with families
- Work towards participating on MDT

Sustaining the Changes

The purpose of the training is to improve MH outcomes for children and families seen at CACs through:

- Use of evidence-based engagement strategies
- Use of the roadmap that outlines the steps to support this outcome
- Planning for sustaining the use of these steps as the training ends
- Determining how you will monitor/track outcomes to support child well-being and future funding

Action Plan for Sustaining Outcome Goals

- Engage your MDT in this plan share your map with MDT. Steps: EBT Screening, Assessment, EBT Treatment Planning, Collaborative Referrals, Monitoring, Tracking and Celebrating Success.
- Engage your MDT and community mental health providers (agencies and individuals) to collaborate regarding a community needs assessment and resources to provide training in support of providing evidence-based services to meet the needs of the children and families served through your CAC.
- Ensure that linkage agreements meet NCA's mental health accreditation standard.

Desk Cards and NCA Engage

The Desk Cards were developed and provided to you for use during the training:

- Please keep them available as you continue to work with child victims and their families to support sustaining the steps involved in the delivery of services to support the outcome of healing and well-being for the child and family
- Share with your MDT to enhance their knowledge and support for family engagement and MH services

Training materials from E3 are available on NCA Engage and in your digital notebook

- <https://learn.nationalchildrensalliance.org/p/2023E3>

Homework: Complete before Live Interactive Call 5

- Collaborate with your Senior Leader to create an Action Plan moving forward **bring to Call 5** – what steps will you and your CAC take to:
 - ★ Sustaining Changes
 - ★ Increasing access to MH services for children and families
 - ★ Addressing other gaps identified on your map
 - ★ Tracking mental health outcomes
 - Did the child receive a MH assessment
 - Did the child attend the 1st session
 - Did the child complete treatment
 - Did the child get better
 - Did the caregiver attend their own counselling

Thank you for your participation and for all that you do and will continue to do for the children and families we serve!!

Thank you!



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