

# Promoting Best Practices in Foster Care through Innovative Training of Community Providers: A Model

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Boling Center for Developmental Disabilities  
UCEDD

University of Tennessee Health Science Center,  
Memphis

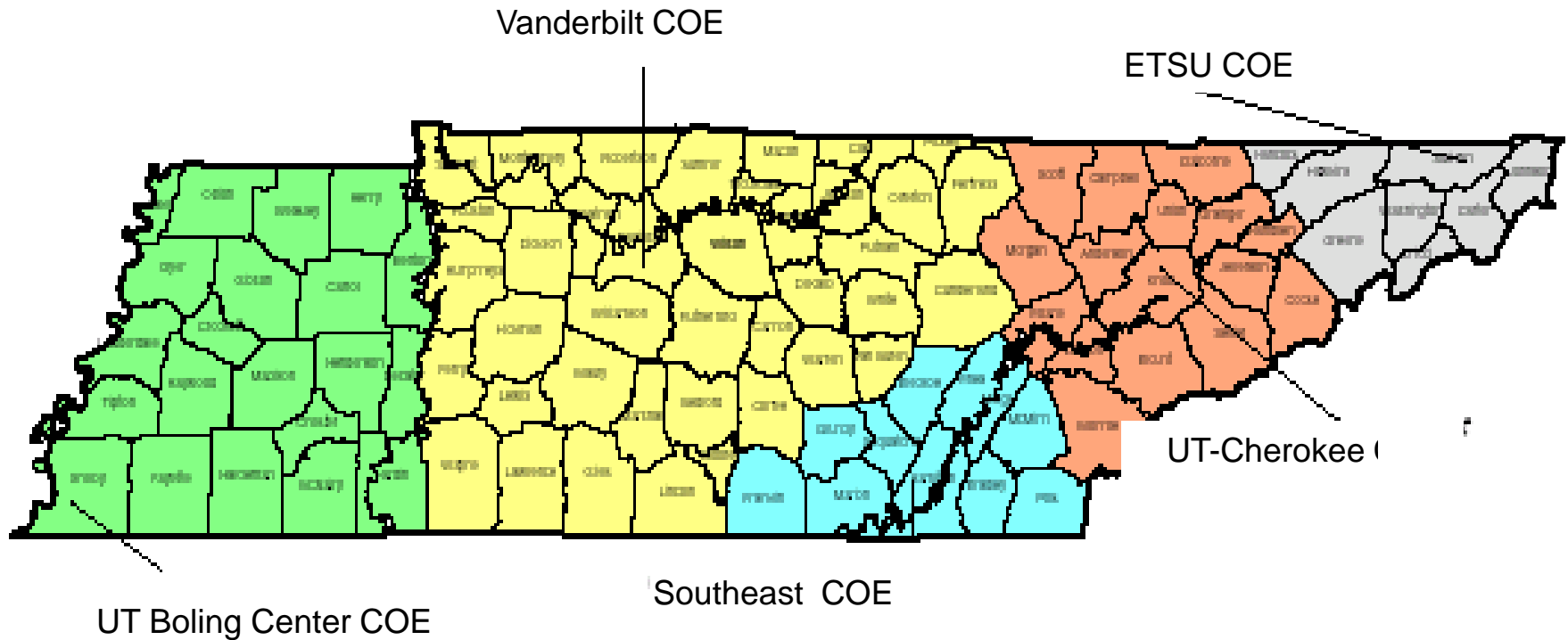
## LEARNING OBJECTIVES

1. To learn about the interface between a University Center for Excellence in Developmental Disabilities (UCEDD) and a foster care program.
2. To learn about a statewide Best Practices dissemination project to build capacity for providing effective trauma treatment to children and families.
3. To learn about the importance of sustainability planning as part of a capacity building dissemination project.



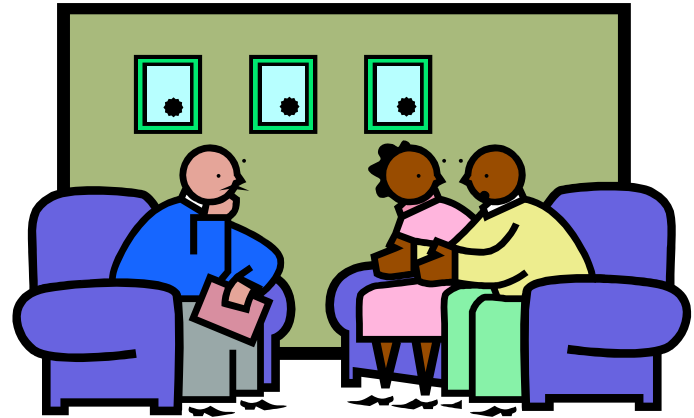
# TENNESSEE

## Centers of Excellence for Children in State Custody



# Staff of UT COE

- Psychiatrists
- Psychologists
- Pediatricians
- Social Workers
- Speech Pathologist
- Training Coordinator



# Children with Disabilities and Child Welfare

- Children entering foster care have been found to have higher rates of physical and developmental disabilities than children of similar socioeconomic backgrounds (American Academy of Pediatrics, 2002).
- Because states are not required to submit data on the disability status of children who have been abused or neglected, rates are difficult to determine.
- Estimate from *Child Maltreatment 2009* based on data from 42 states:
  - **11% of child maltreatment victims had reported disability** (approximately 4% of children have a disability)



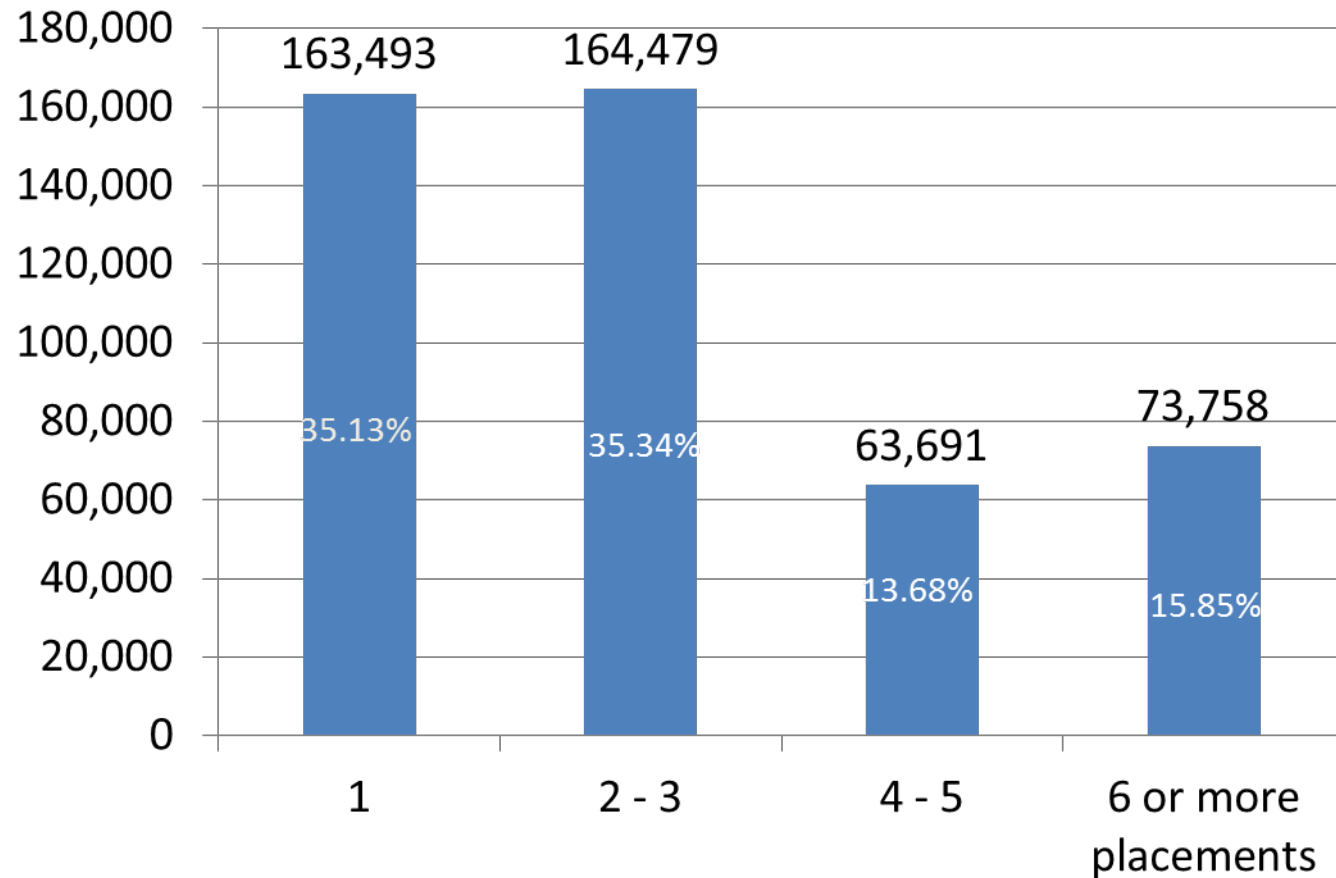
# Children with Disabilities and Child Welfare

- **Children with disabilities are more likely to experience abuse and neglect**
- Analysis of data from *Child Maltreatment 2004*:
  - **Children with a disability were 1.68 times more likely to experience abuse or neglect than children without a disability**
- Sullivan & Knutson (2000) examined data on all children in public schools and early intervention programs in Omaha:
  - **Children with disabilities were 3.4 times more likely to be maltreated than children without disabilities**



## School-Age Children and Youth in Foster Care (5-18 Years) in FY 2009

### Number of Children by Number of Placements



Source: Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2009 data



# Children in Foster Care Frequently Experience School Changes

- Changing schools hinders academic achievement
- Changing schools hinders supportive relationships with teachers and peers
- Multiple moves often means lower standardized test scores
- Graduation from college is more likely when youth have had fewer foster care placement moves





Children in foster care tend to experience high levels of grade retention.

Children and youth in foster care experience school suspensions and expulsions at higher rates than non-foster care peers.



# Special Education Needs

Several studies showing that children and youth in foster care are between 2.5 and 3.5 times more likely to be receiving special education services than non-foster care peers.

Children in foster care who are in special education tend to change schools more frequently, be placed in more restrictive educational settings, and have poorer quality education plans than their non-foster care peers in special education.





*According to Child Maltreatment 2011*, the most recent report of data from the National Child Abuse and Neglect Data System (NCANDS), a nationally estimated 681,000 unique number of children were found to be victims of child maltreatment in Federal fiscal year (FFY) 2011.

- 78.5% suffered neglect
- 17.6% suffered physical abuse
- 9.1% suffered sexual abuse

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2010). *Child Maltreatment 2011*.



# Impact of Child Maltreatment



Maltreated children are more likely to have

- Depressive symptoms
- School behavior problems
- Difficulties with peer relationships
- Difficulties with mood regulation

PTSD co-occurs with depression, anxiety, ODD

A study of children in foster care found PTSD was diagnosed in

- 60% of sexually abused children
- 42% of physically abused children
- 18% of foster children who had not experienced either type of abuse

# DEFINING THE PROBLEM IN TN

## CHILD WELFARE TREATMENT SYSTEM IN CRISIS

- 8,000 kids in custody
- Underserved (and complex) population
- No screening or assessment for trauma
- Few assessments recognized trauma etiology of externalizing behavior problems in outpatient mental health or residential treatment centers
- Dearth of therapists trained to work with families
- Lack of evidence-based practice



**“If 20 million people were infected by a virus that caused anxiety, impulsivity, aggression, sleep problems, depression, respiratory and heart problems, vulnerability to substance abuse, antisocial and criminal behavior, retardation and school failure, we would consider it an urgent public health crisis. Yet, in the United States alone, there are more than 20 million abused, neglected and traumatized children vulnerable to these problems. Our society has yet to recognize this epidemic, let alone develop an immunization strategy.”**

**Bruce D. Perry, M.D., Ph.D.**

**[www.childtrauma.org](http://www.childtrauma.org)**

**Be SAFE**

**Be assessed**

**Be diagnosed**

**Be treated with EBT**

**Be free to not worry**





# OPPORTUNITY KNOCKS

*"Do something with this funding to address  
Trauma or Attachment in the state of  
Tennessee."*



Governors Office of  
Child Care Coordination

## *Kaufman Best Practices*

*In the past five years,  
a significant body  
of empirical research  
has emerged  
supporting the  
efficacy of certain  
treatment protocols  
with abused children  
and their families.*



**CLOSING THE QUALITY CHASM IN CHILD ABUSE TREATMENT:  
IDENTIFYING AND DISSEMINATING BEST PRACTICES**

*The Findings of the Kauffman Best Practices Project  
to Help Children Heal From Child Abuse.*

# LET'S DANCE

A person wearing a red dress and black high-heeled shoes is captured in a dynamic pose, suggesting a dance. The background is a bright, out-of-focus interior space with a wooden floor.

- ☐ We need the right kind of dance (treatment)
- ☐ We need the right kind of coach
- ☐ We need the right kind of team
- ☐ We need the right kind of partners
- ☐ We need the right kind of outcome = success



## Consulted with National Child Traumatic Stress Network (NCTSN)

**Ben Saunders, PhD**

**August 2007**

- ✓ Agreed to Learning Collaborative model
- ✓ Agreed to TF-CBT as first EBT model
- ✓ Established planning committee

**NCTSN**

The National Child  
Traumatic Stress Network



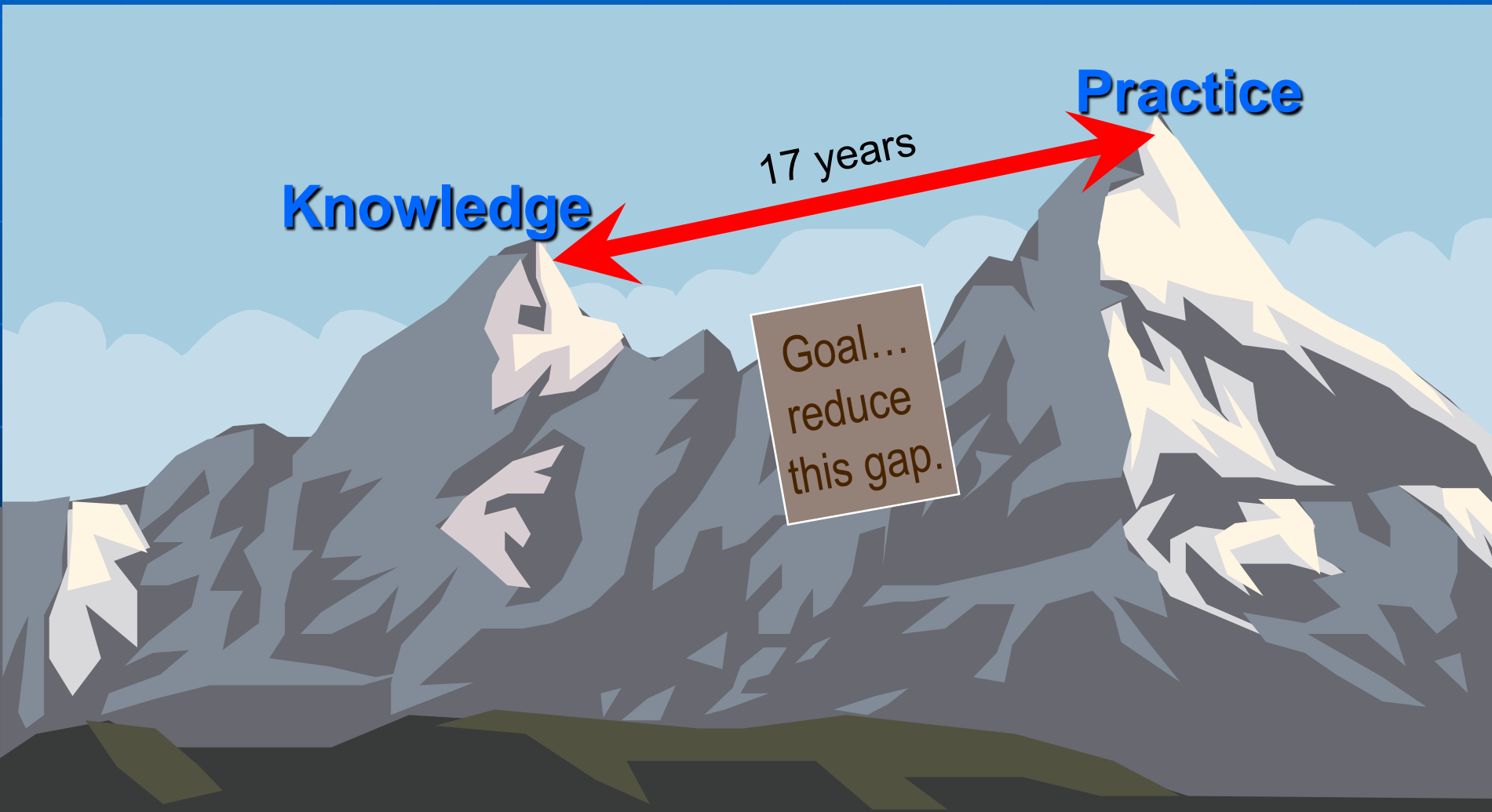
# NCTSN



The National Child  
Traumatic Stress Network

- Established by Congress in 2000
- A collaboration of academic & community-based services centers
- Mission: To raise the standard of care & increase access to services for traumatized children and their families
- A national resource for developing and disseminating evidence-based interventions, trauma-informed services, and professional education

# Large Gap Between Scientific Knowledge and Front-line Practice



# Evidence-Based Treatments Developed, Tested, and Ready for Implementation

- ▶ Trauma-Focused Cognitive-Behavioral Therapy – TF-CBT
- ▶ Parent Child Interaction Therapy – PCIT
- ▶ Abuse-Focused Cognitive Behavioral Therapy – AF-CBT
- ▶ Cognitive Processing Therapy – CPT
- ▶ Child-Parent Psychotherapy – CPP
- ▶ Project SafeCare
- ▶ The Incredible Years (TIY) series
- ▶ Other Parent Management Training (PMT) models
- ▶ CBT for Children with Sexual Behavior Problems
- ▶ Functional Family Therapy
- ▶ Dialectic Behavior Therapy (DBT)
- ▶ Multi-Dimensional Treatment Foster Care
- ▶ Multisystemic Therapy (MST)

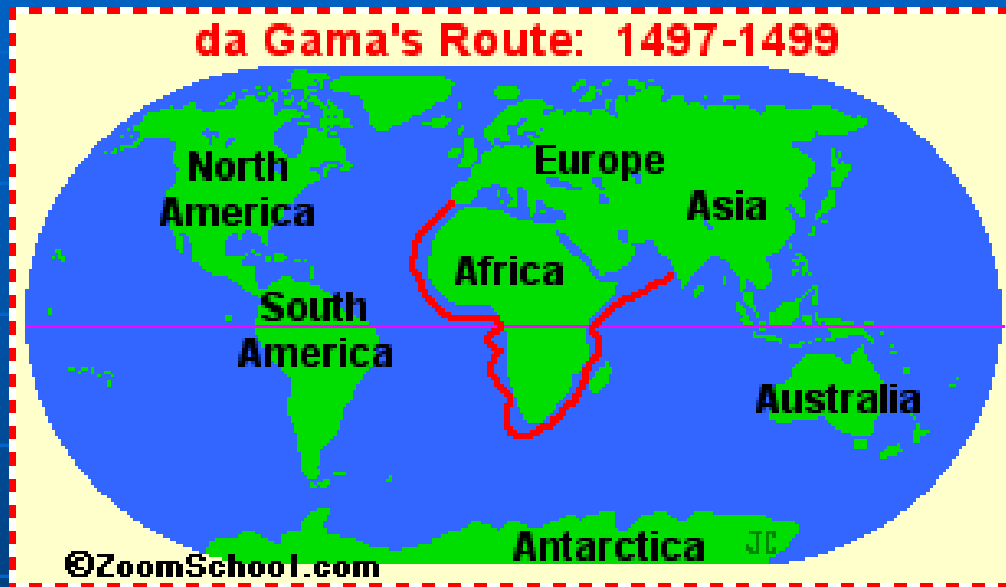


# A Logical Question...

If they are so great, why have  
EST's not spread more widely  
and more quickly in the U.S.?



# Admiral Dom Vasco de Gama



100 of the crew of  
160 died of scurvy

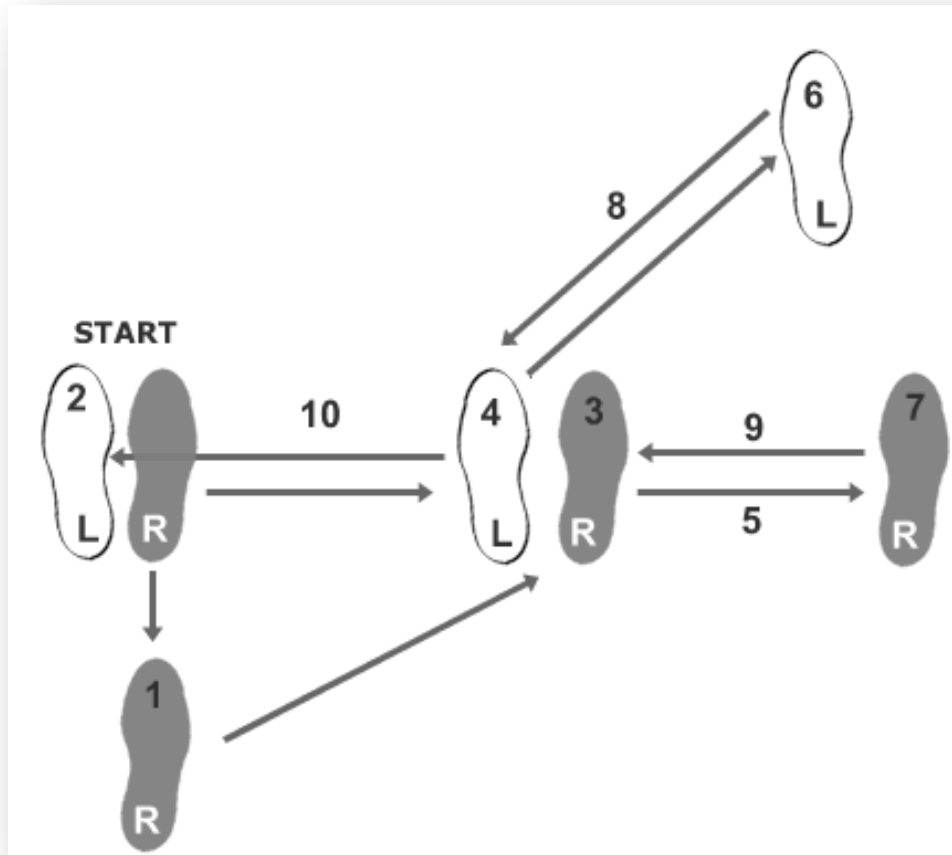


# Captain James Lancaster



- ▶ In 1601 he conducted a RCT of lemon juice for scurvy.
- ▶ 1 ship's crew given 3 tsp of each day, crew members on 3 other ships were given a standard diet.
- ▶ At the halfway point of the trip 110 (40%) of the 278 sailors on the three "control group ships had died of scurvy vs. none on the lemon juice ship.
- ▶ Replicated 146 years later by Dr. James Lind.
- ▶ 264 years after the first definitive trial, the British ordered proper diets on merchant marine vessels in 1865.
- ▶ Change is hard!

# WE NEED THE RIGHT KIND OF DANCE





# TF-CBT*Web*

A web-based learning course for

## TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY

- Psychoeducation
- Stress Management
- Affect Expression and Modulation
- Cognitive Coping
- Creating the Trauma Narrative
- Cognitive Processing
- Behavior Management Training
- Parent-Child Sessions
- Evaluation



*A Strategy to Help*

System Requirements | Credits

# LET'S DANCE

A woman in a red dress and black heels is dancing on a wooden floor. The background is a bright, out-of-focus window.

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- ☐ We need the right kind of outcome = success

# WE NEED THE RIGHT KIND OF COACH



**Jan Markiewicz, M.Ed.,**  
*Training Director*  
National Center for Child Traumatic  
Stress at Duke University



NCTSN

The National Child  
Traumatic Stress Network



# LEARNING COLLABORATIVE

**The Learning Collaborative approach is an adoption and improvement model that is focused on learning, spreading and adapting best practices across multiple settings and creating changes within organizations that promote the delivery of effective practices.**

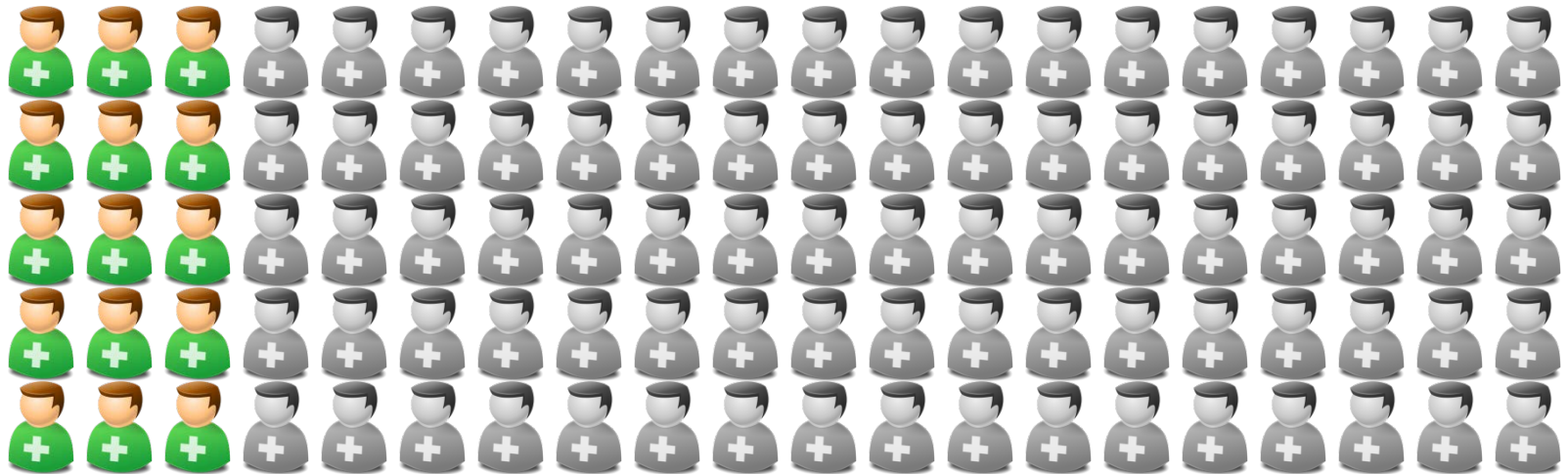
A close-up photograph of a lit matchstick. The matchstick is positioned vertically on the left side of the frame. The flame is large, bright yellow-orange, and has a soft, blurred edge. The background is dark, making the flame stand out. The matchstick itself is light brown and shows some charred material at the tip.

# TRADITIONAL TRAINING APPROACH

- Single Training Event
- Passive Learning
- Individual Change
- Minimal Follow-up
- Minimal Accountability
- Minimal Consultation

# TRADITIONAL TRAINING APPROACH

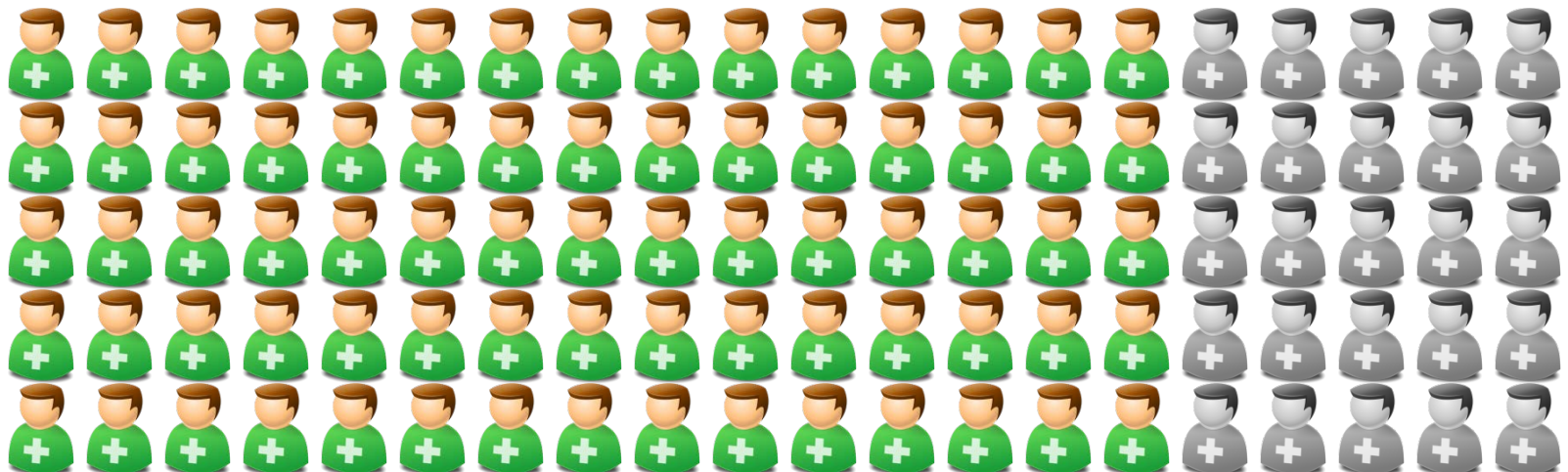
10% IMPLEMENTATION



(Awoniyi, Griego, & Morgan, 2002)

# COLLABORATIVE TRAINING APPROACH

75% IMPLEMENTATION



(Merriam & Leahy, 2005)



# WHY USE A LEARNING COLLABORATIVE?

Traditional training  
has often not  
changed practice.

Alternative  
approaches are  
needed that  
apply proven  
methodologies  
for increasing  
successful  
implementation  
and adoption of  
evidence-based  
practices.

Provides an  
opportunity for  
organizations to  
share innovations  
and solutions to  
common barriers.

Creates a forum for  
the exchange of  
experiences and  
ongoing feedback  
that will enable  
the learners to  
become each  
other's teachers.

# STATEWIDE TRAINING

## TENNESSEE TF-CBT LEARNING COLLABORATIVE

### PRE-WORK PHASE

#### LC TOPIC & TEAM SELECTION

- Select LC Topic
- Identify Teaching Faculty
- Develop Change Package
- Establish Participating Network Teams
- Schedule Learning Sessions
- Complete Pre-work Assignments

### LEARNING SESSIONS/ACTION PERIODS

(9-18 months time frame)

#### LEARNING SESSION 1

Face-to-Face Trainings  
Multiple Teams

#### ACTION PERIOD/ FOLLOW-UP 1

Phone Conferences with all teams  
Consultation & ongoing learning  
Intranet/email (listserv)  
Visits  
Complete Org readiness

#### LEARNING SESSION 2

All Teams Convene  
Intro model – Improvement & monthly Metrics  
Shared Learning

#### ACTION PERIOD/ FOLLOW-UP 2

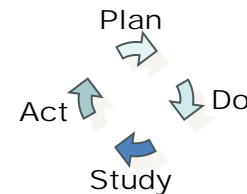
Phone Conferences with all teams  
Intranet/email (listserv)  
PDSA Cycle  
Monthly Metrics

#### LEARNING SESSION 3

All Teams Convene  
Shared Learning

#### ACTION PERIOD/ FOLLOW-UP 3

Phone Conferences with all teams  
Intranet/email (listserv)  
PDSA Cycle  
Monthly Metrics



### OUTCOMES

#### GOALS

- Adoption/ Implementation of Organizational Changes That support new Practices.
- Document Learning Process

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# WE NEED THE RIGHT KIND OF TEAM



**Kelly Wilson, LCSW**

*Program Director,  
Trauma Recovery for Youth*



**Patti van Eys, PhD**

*Clinical Director  
Vanderbilt Center of Excellence*




**Leila Keen, LCSW**

*Training Project Coordinator  
The North Carolina Child  
Treatment Program*



**Alanna Truss, PhD**

*Psychologist  
Vanderbilt Center of Excellence*



**George "Tripp" S. Ake III, PhD**

*The North Carolina Child Treatment Program  
Licensed Psychologist at CCFH, Clinical Associate  
Duke University School of Medicine*



**Roy Van Tassell, MS LPC**

*Clinical Supervisor  
Family Sexual Abuse Treatment Program*

**Kristin Dean, PhD**

*Psychologist  
University of Tennessee  
Center of Excellence*



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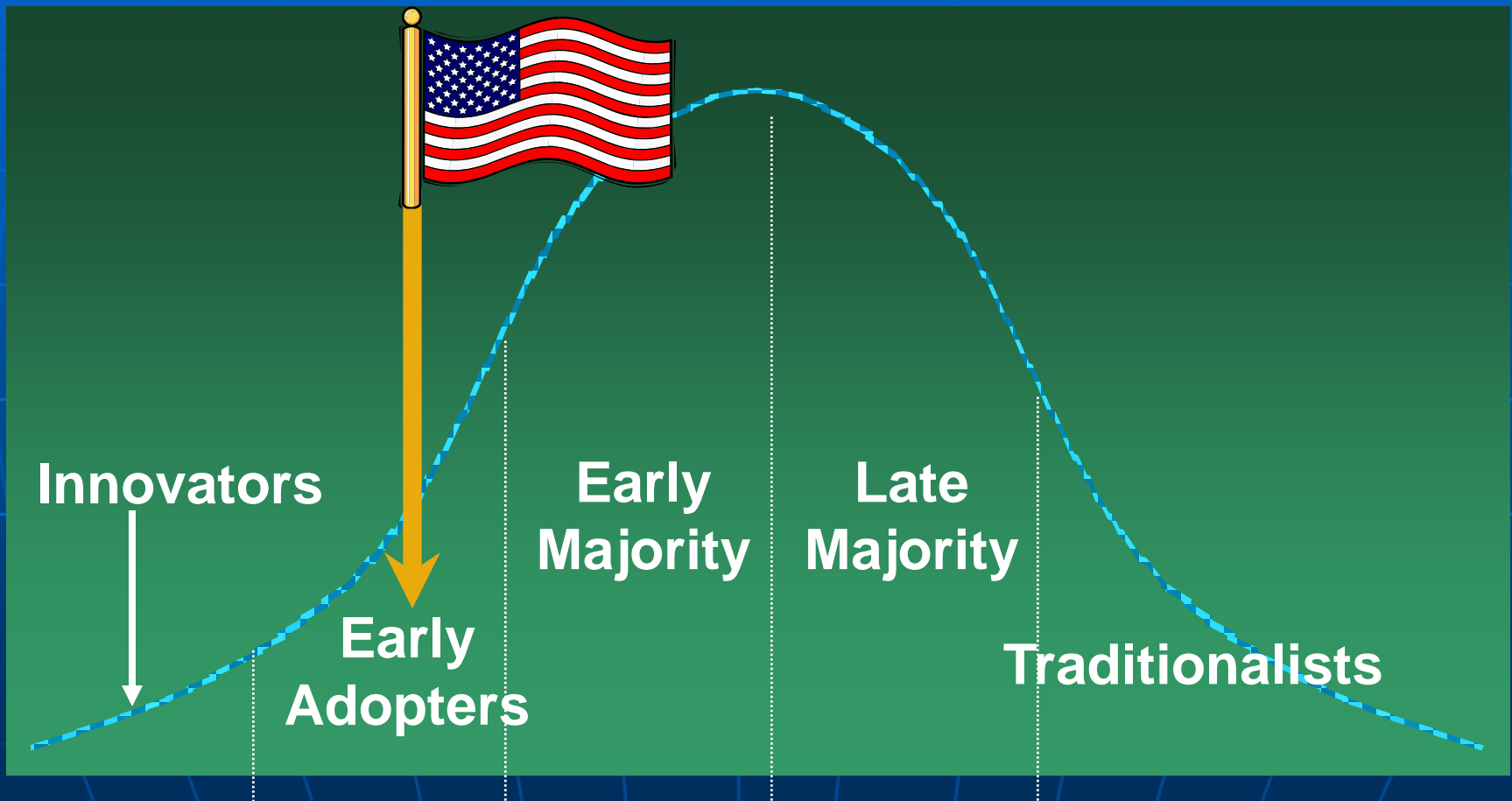
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## **PRE-WORK PHASE**

### **Learning Collaborative Topic and Team Selection**

- **Select learning Collaborative Topic**
- **Identify Teaching Faculty**
- **Develop Change Package**
- **Establish Participating Network teams**
- **Schedule Learning Sessions**
- **Complete Required Pre-Work Assignments**

# Adopting new technologies?



# **LEARNING COLLABORATIVE TEAMS**

**SENIOR LEADERS**

**SUPERVISORS**

**CLINICIANS**

# WE NEED THE RIGHT KIND OF PARTNER





# LEARNING SESSIONS/ACTIONS PERIODS

## Learning Session 1

- Face-to-Face Training
- *Multiple Teams*

## Learning Session 2

- All teams convene
- Intro of Model for Improvement and monthly metrics
- Shared learning

## Action Period/Follow-up 1

- Phone Conferences with all teams
- Consultation & Ongoing Learning
- Intranet/E-mail (listserv)
- Visits
- Complete Organization Readiness

# Monthly Improvement Metrics

**Measuring progress &  
sharing gains across  
the collaborative**



# TF-CBT DASHBOARD

# of TF-CBT Cases

Caregiver  
Involvement

% therapists  
2+ Cases

Supervision  
(metrics)

Baseline  
Assessments



What Gauges Show  
**HEALTH**



What Gauges Show  
**WARNING**



What Gauges Show  
**INNOVATION**

# LEARNING SESSIONS/ACTIONS PERIODS

## Learning Session 2

- All teams convene
- Intro of Model for Improvement and monthly metrics
- Shared learning

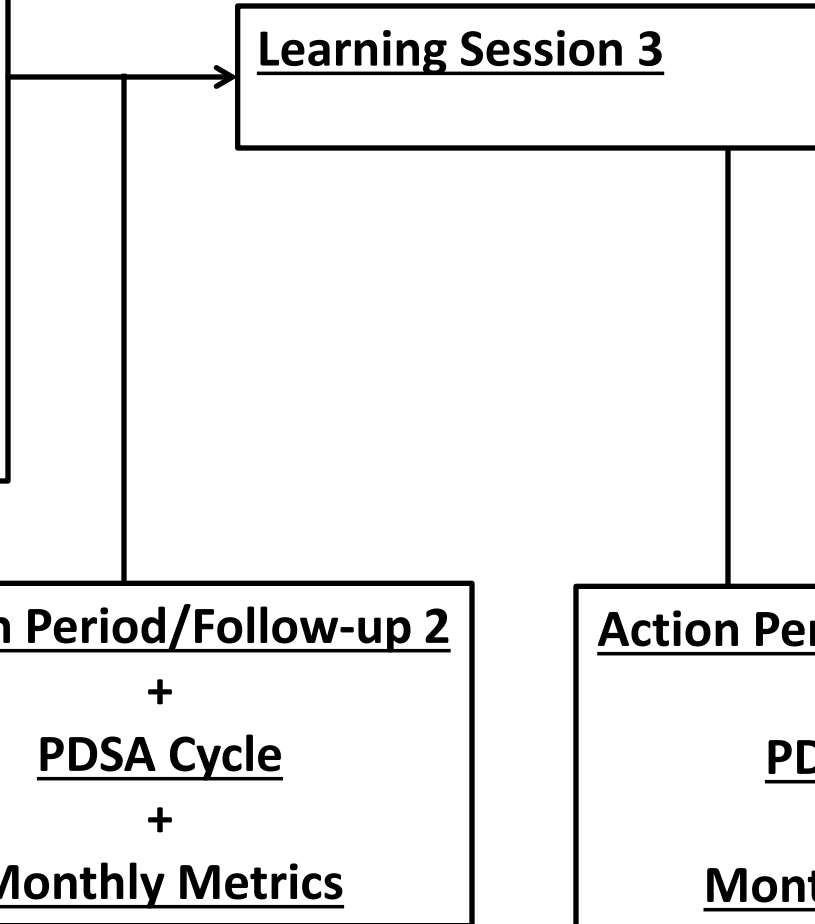
## Learning Session 3

### Action Period/Follow-up 2

+  
PDSA Cycle  
+  
Monthly Metrics

### Action Period/Follow-up 3

+  
PDSA Cycle  
+  
Monthly Metrics



# SUSTAINING A NEW PRACTICE



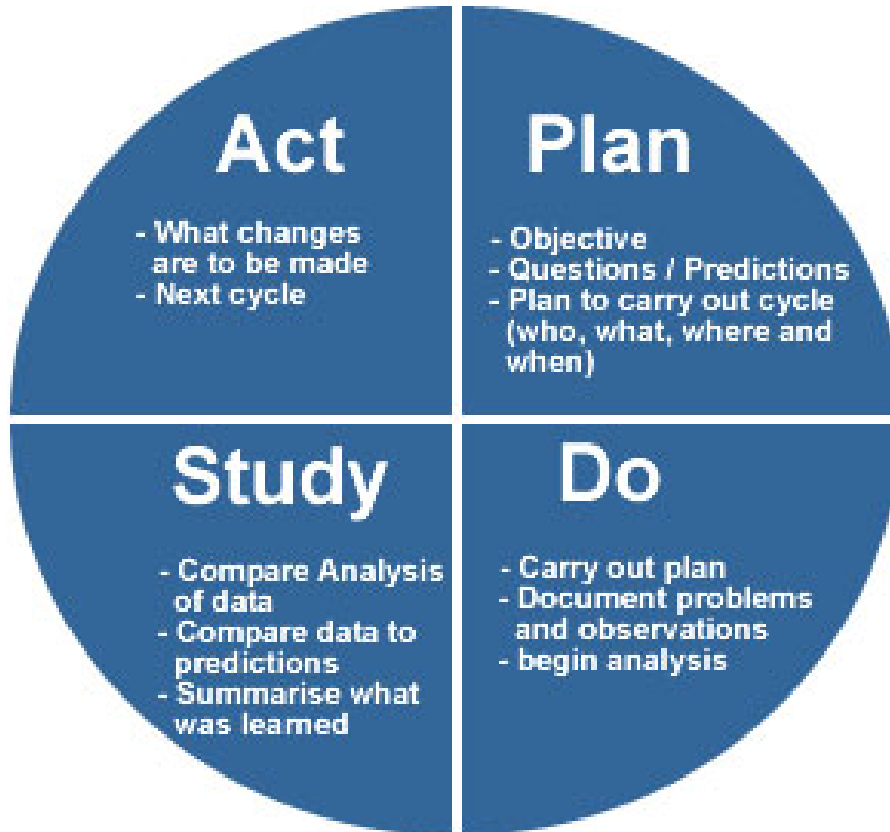
- **Establishing Screening & Referral Process for TF-CBT**
- **Maintaining Fidelity**
  - Regular supervision
  - Continue use of assessments
  - Continue Metrics
- **Training Staff**
- **Incorporating TF-CBT into Agency Policy & Procedures**





# Small Tests of Change (STOC)

A tool for improvement - encouraging both individual and collective problem-solving when faced with challenges by making small tests of change.



## PDSA Worksheet

Using the Model for Improvement

Agency Name \_\_\_\_\_

A Key Challenge in Implementation and Adoption \_\_\_\_\_

Which framework components is this issue connected to from the Change Package? \_\_\_\_\_

THINK SMALL!

**PLAN**      What are we going to do?  
Who is going to do it?  
When will it be done?  
Hypotheses (what do you expect to happen)

**DO**      What did we do?  
  
Who did it?  
When was it complete?

**STUDY**      Did what you expect to happen, actually happen?

**ACT/ADJUST**      What learnings will you apply to your next test cycle?

Create a new small test of change based on what you have learned from this test. Can the new test be larger or spread?

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# TF-CBT Learning Collaborative



**2008  
MIDDLE  
LEARNING COLLABORATIVE**

**2008  
EAST  
LEARNING COLLABORATIVE**

## 2010 Learning Collaborative Tennessee-Statewide

# LESSONS LEARNED

## MOVING FORWARD TO SUPPORT SUSTAINABILITY

- Basic training
- Advanced training
- Specialty populations
- Strides in screening and assessment but continues to be an area of need for children coming into custody
- Metrics and fidelity monitoring
- Supervisory development
- Staff turnover





A young child with light-colored hair is shown in profile, blowing bubbles. The background is a solid green color, and several bubbles are visible in the air. The child is wearing a blue shirt with a red collar.

Parent Child Interaction Therapy (PCIT) :

*You Have Two Choices*

University of Tennessee

*Center of Excellence for Children in State Custody*



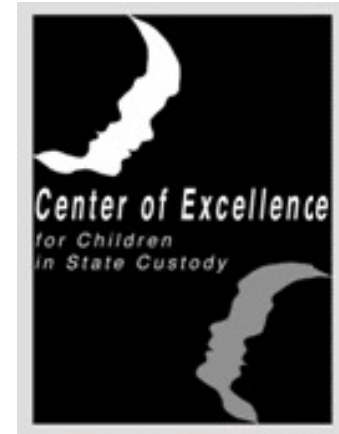
# Treating Traumatic Stress in Children and Adolescents

How to Foster Resilience through  
Attachment, Self-Regulation, and Competency



**ARC Model:  
Attachment,  
Self-Regulation,  
and  
Competency**

**Read more  
on [nctsn.org](https://nctsn.org)**



## **Wyman's Teen Outreach Program ® (TOP) Facilitator Training**

**West TN *Youth Development* Learning Collaborative**  
**December 4, 5 and 6, 2012**  
**University of TN Boling Center, Memphis, TN**

