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

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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.
Tri-Partite Structure for Case Management for Children in Custody and at Risk

- **DCS Health Units**: Regional units composed of psychologist, nurse, and case manager who identify and manage health and mental health care for children in custody and at risk.

- **COE's**: Provide specialty consultative, diagnostic, and clinical services, improvement of the system of care; referrals from Health Units and Implementation Team.

- **Crisis Management Team**:
  - UT Boling Center COE
  - Southeast COE
  - ETSU COE
  - UT-Cherokee COE

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

- 1 placement: 163,493, 35.13%
- 2 - 3 placements: 164,479, 35.34%
- 4 - 5 placements: 63,691, 13.68%
- 6 or more placements: 73,758, 15.85%

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

National Working Group on Foster Care and Education (October 2011). *Education is the Lifeline for Youth in Foster Care.*
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

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
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.”
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.
LET’S DANCE

- 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
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

Knowledge

Practice

17 years

Goal... reduce this gap.
20 years of Research

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
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-CBTWeb
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
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WE NEED THE RIGHT KIND OF COACH

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

• Single Training Event
• Passive Learning
• Individual Change
• Minimal Follow-up
• Minimal Accountability
• Minimal Consultation
TRADITIONAL TRAINING APPROACH

- 10% IMPLEMENTATION

(Cowen & Griego, 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

(out 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
- PDSA Cycle
- Monthly Metrics
- Intranet/email (listserv)

LEARNING SESSION 3
All Teams Convene
Shared Learning

ACTION PERIOD/FOLLOW-UP 3
- Phone Conferences with all teams
- PDSA Cycle
- Monthly Metrics

OUTCOMES

GOALS
- Adoption/Implementation of Organizational Changes That support new Practices.
- Document Learning Process
LET’S DANCE

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- We need the right kind of outcome = success
WE NEED THE RIGHT KIND OF TEAM

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Trauma Recovery for Youth

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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?

- Innovators
- Early Adopters
- Early Majority
- Late Majority
- Traditionalists
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

Action Period/Follow-up 1
- Phone Conferences with all teams
- Consultation & Ongoing Learning
- Intranet/E-mail (listserv)
- Visits
- Complete Organization Readiness

Learning Session 2
- All teams convene
- Intro of Model for Improvement and monthly metrics
- Shared learning
Monthly Improvement Metrics

Measuring progress & sharing gains across the collaborative
TF-CBT DASHBOARD

- What Gauges Show HEALTH
- What Gauges Show WARNING
- What Gauges Show INNOVATION

- # of TF-CBT Cases
- Caregiver Involvement
- Baseline Assessments
- % therapists 2+ Cases
- Supervision (metrics)
Learning Session 2
- All teams convene
- Intro of Model for Improvement and monthly metrics
- Shared learning

Action Period/Follow-up 2
- PDSA Cycle
- Monthly Metrics

Learning Session 3

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

TEAM MEETING WORKSHEET
Our Plan for Sustaining TF-CBT in our Agency

Communication & Engagement
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-PRESENT

TENNESSEE

2008
WEST
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
Parent Child Interaction Therapy (PCIT):

You Have Two Choices

University of Tennessee
Center of Excellence for Children in State Custody
ARC Model: Attachment, Self-Regulation, and Competency

Read more on 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