Program Quick Indicator (QI) Packet
Evidence Based and Promising Practice EBP

One form must be must be submitted once for each current program (EBP/PP) and any new/added programs. Download this form and drop in or enter the text needed electronically, then print out completed packet. Send completed packet to proper DHHS Service Area Representative and DHHS Central Office Representative.

Contractor: KVC Behavioral HealthCare Nebraska, Inc.

Name of Program: Trauma Systems Therapy

Service Area: Eastern and Southeast

Program Summary/Description: ***A brief overview of what the program is, program model, goals, key components, etc…***

TST as a clinical model

Trauma Systems Therapy (TST) is a comprehensive model for treating traumatic stress in children and adolescents that adds to individually-based approaches by specifically addressing the child's social environment and/or system of care. TST was designed to provide an integrated and highly coordinated system of services guided by the specific understanding of the nature of child traumatic stress. Specifically, this model conceptualizes the development of a 'Trauma System', which is comprised of two main elements:

1) a traumatized child who is not able to regulate emotional states; and
2) a social environment and/or system of care that is not sufficiently capable to help the child contain this dysregulation.

A 'Trauma System' thus emerges when a failure of the natural systemic balance between the developing child and her/his social environment occurs. Healthy development requires a regulatory balance or 'goodness of fit' between the child and her/his social environment such that the social environment is properly equipped to help the child. When the child enters service systems, this 'goodness of fit' includes the system of care, such as school or social services departments.

Given the presence of a 'Trauma System', the essence of TST is to help the child gain control over emotions and behavior via enhancing the

child's capacity to regulate emotion and diminishing the ongoing stresses and threats in the social environment. TST was also designed to build the capacity of significant others in the child's environment to help the child control her or his emotional and behavioral responses.

TST as an organizational model
Besides being a unique and innovative clinical model, TST also provides a framework for organizing trauma-informed services. TST takes a phase-based approach to treatment and consists of four primary intervention modules: 1) home- and community-based care, 2) services advocacy, 3) emotion regulation skills training, and 4) psychopharmacology. These various modules are clinically indicated depending on the child's degree of emotional dysregulation and stability of her/his social environment.

Topics/Areas of interest: ***Topics or areas of interest this program covers (i.e. substance abuse, parenting, etc...)***

Trauma Treatment

Outcomes: ***Specified outcomes of the program/EBP***

Children are maintained at home with family & Placement Stability:

C.1. 50% Eastern Service Area and 50% Southeast Service Area children will be served in their family home.

G.1. 84.27% Eastern Service Area and 87.18% Southeast Service Area children in care for <12 months will have 2 or fewer foster care placements.

TBA% Eastern Service Area and TBA?% Southeast Service Area children in care for 12 months to 24 months will have 2 or fewer foster care placements.

TBA% Eastern Service Area and TBA% Southeast Service Area children in care for >24 months will have 2 or fewer foster care placements.

Study Populations: ***Intended population***

Gender: Both
Race/Ethnicity: Ethnic groups treated with TST include Caucasians, multi-generation African Americans, multi-generation multinational Latinos, as well as refugees and recent immigrants (Somalia, Nigeria, Liberia, Sierra Leone, Uganda, Mexico, Guatemala, Honduras)
Ages: 6-19

Geographic Location (e.g. Urban, Rural, Frontier): Urban, Suburban, Rural/Frontier

TST is targeted at children and adolescents who are having difficulty regulating their emotions as a result of the interaction between the traumatic experience and stressors in the social environment.

TST is not limited to one specific trauma type. Children that have participated in the program have experienced a wide range of traumas, such as domestic violence, physical abuse, sexual abuse, exposure to war, and medical trauma. Many of the children who have received TST experienced multiple traumas. In addition, TST specifically addresses social-environmental factors that compound the problems associated with trauma exposure, such as poverty or school based problems.

Settings: ***Intended Setting***

Outpatient services, schools, residential facilities, home based

Level of Evidence: ***Please check the appropriate box in accordance with the program.***

☐ **Promising Practice**

- All elements of Evidence-Informed/Emerging plus:
  - One study, quasi-experimental design with control or comparison group
  - Model fidelity

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS:

- Does the program:
  - Meet all the requirements for Evidence-Informed/Emerging?
  - Have at least one study using quasi-experimental study design with control or comparison group?
  - Demonstrate model fidelity?

Implementation/Research History/References: ***Publications, websites, contact information for a person or entity regarding this program, or any other info regarding the "evidence" of the program.***

Implementation/Research History/References

Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist, 34,*844-850.

Casey, R., Saxe, G., Ellis, B. H., Rubin, D. & Allee, L. (2005). *Children with medical traumatic stress: ExpandingTrauma Systems Therapy.* Presented at the annual meeting of the American Psychological AssociationConference, Washington, D.C.

Ellis, B. H. (2004, October). *Trauma Systems Therapy for refugees.* Paper presented at the International Conference, Anthropology and Health: Cross-Cultural Aspects of Mental Health and Psychosocial Well-Being in Immigrant/Refugee Adolescents. Hvar, Croatia.

Ellis, B. Heidi, Saxe, G. & Hansen, S. (2005, November). *Trauma Systems Therapy: Dissemination and implementation in two settings.* Paper presented at the annual meeting of the International Society for Traumatic Stress Studies, Toronto, Canada.

Saxe, G. & Ellis, B. H. (2005, June). *Comprehensive care for traumatized children: Trauma Systems Therapy.*
Paper presented at the annual Boston University Trauma Conference, Boston, MA.

Saxe, G. N., Ellis, B. H. & Fogler, J. (2005). Comprehensive care for traumatized children: An open trial examines Trauma Systems Therapy. *Psychiatric Annals, 35*(5), 443-448.

Saxe, G., Ellis, B. H. & Kaplow, J. (2004, June). *Treating child traumatic stress: Self regulation and the social environment.* Paper presented at annual Boston University Trauma Conference, Psychological Trauma:Maturational Processes and Therapeutic Interventions. Boston, MA.

Saxe, G. N., Ellis, B. H. & Kaplow, J. (2006, October). *Collaborative care for traumatized children and teens: A Trauma Systems Therapy approach.* Guilford Press, NY.

Publications

Saxe, G. N., Ellis, B. H., & Kaplow, J. B. (2007). *Collaborative treatment of traumatized children and teens: The trauma systems therapy approach*. New York, NY US: Guilford Press.

Websites

http://traumasystemstherapy.com/

Contact Information

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Adaptations: ***Any adaptations being made to the program model***

None

Description of Measures for each outcome: ***Name, describe, and include a copy the measures used for each outcome indicated previously.***

The measures for each outcome will be the same as required by contract for the respective measure.

Fidelity Measures: ***List, describe, and include a copy of all fidelity tools used, INCLUDING the tool used to ensure fidelity for any adaptations.***

The creators of Trauma Systems Therapy, Drs. Glenn Saxe and Heidi Ellis, developed a 38-question fidelity instrument to determine proper adherence in TST implementation (see attached.) Each of the items listed, focuses on one of the ten TST principles and the core construct addressed by the principle. The rater gathers evidence from a variety of sources to determine fidelity. The fidelity measure is designed to be administered during team meetings to ensure assessments, treatment plans, clinician discussion and applied interventions are faithful to the model. The rater must have read the treatment manual and be particularly familiar with the information detailing administration of the 10 treatment principles. To ensure staff are implementing TST with fidelity, the five-page measure will be administered on every 10th case presented, this falls well within the guidelines suggested by developers.

Processes and any measures used to ensure appropriate implementation: ***This is to include a summary of the processes (list, describe, and a copy of if applicable) used to ensure the proper implementation of the program (manual availability, staff***

development, supervision, program evaluation) any measures (list, describe, and a copy of) used.

See below

New Program Implementation Plan/Time line:
If installing a new program, fill in the following questions. New program is defined as an EBP or non-EBP any program that is not fully implemented by the beginning of the DHHS contract period (November 1st).

Broad Tasks	**Subtasks**	**Target completion date**
Selecting/hiring all required staff to implement the program (include the total number of staff and the credentials required: direct service staff, administrative staff, supervisory staff, and so on.)	List specific staff position to be filled: Clinically licensed staff. KVC is making application to Medicaid and Magellan to initiate behavioral health services. Upon approval, KVC will begin advertising for staff.	3-31-10
Initial training of program staff	List training topics: Treatment Principles Service Elements Two dimensions of treatment TST Priority Problems What is traumatic stress? Emotional Regulation Brain Development Between Stimulus and Response <u>The 3 A's</u> Phases of State Change (4 R's) The Social Environment The System-of-Care Signals-of-Care within	It will take about six months following the hiring of each therapist for them to be trained and consultation to begin. If our application is approved and staff can be hired early in the fall, they can attend training scheduled with Dr. Glenn Saxe this fall. Once clinical staff are hired they can begin sitting in on weekly case consultation and have access to the manual, even if they have not been trained, in order to give them initial exposure

	Systems-of-Care Beyond Survival Treatment Team 5 Steps from Assessment to Treatment Plan TST Assessment Grid TST Treatment Planning Form 4 Service Elements	prior to formal training. If staff are not hired before the fall training, they will be able to attend the spring training.
Ongoing training of program staff	List training topics: Refresher training as indicated by fidelity measures.	Ongoing
Training for staff supervisors:	List training topics: Impact of Trauma on Children and TST's Response. Assessing the environment, the child, and phases of treatment. Moment by moment analysis and determining priority problems. Ready, set, go and Emotion Regulation Guide.	9-30-10
Collecting data (outcome measures as indicated by the EBP/program)	How collecting data, what tool is being used, how going to analyze and report. As the outcomes measures being used are outcomes required by the contract, data will be collected and analyzed as per the contract.	Ongoing
Documenting expectations for how the program will be delivered	Create protocol. Note: A book already	3-31-10

(such as creating a manual or protocol)	exists.	
Assessing the consistent delivery of the program	What are the fidelity measures, identify at what point will be assessed. See Fidelity Measures above. TST fidelity measures will begin to be used when teams are formed, trained and have had at least 4 months case consultation. Fidelity measures will be fully in place for each team at 6 months post training for a team. Our initial teams will be geared toward services to youth who are stepping down from therapeutic placements.	Ongoing
Other Necessary Tasks		