The Child and Family Traumatic Stress Intervention

Early Intervention for Traumatized Children and Families

Presenter:

Carrie Epstein, LCSW-R Yale University School of Medicine





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<u>Co-Developers</u>:

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CFTSI: What Is It?

- Brief (5-8 session) evidence-based early intervention model for children that is implemented:
 - After recent exposure to a potentially traumatic event
 - After recent disclosure of earlier sexual or physical abuse
- Children aged 7-18 years old
- Based on a family strengthening approach
 - Increases communication between child and caregiver(s)
 - Increases family support for children impacted by traumatic events

CFTSI Treatment Applications

- Young children (3-6 years old)
- Children in foster care/out-of-home placements

Goals of CFTSI

- **Improve** screening and initial assessment of children impacted by traumatic stress
- **Raise** self-observing capacity about symptoms and trauma reminders
- **Increase** communication about trauma symptoms between child and caregiver
- **Provide** coping strategies to master trauma symptoms
- **Reduce** traumatic stress symptoms and reduce or interrupt PTSD and related disorders
- Assess child's need for longer-term treatment

Mechanisms of CFTSI

<u>CFTSI works by</u>:

- **Increasing** caregivers' understanding of their children's posttraumatic reactions, as well as their own
- **Improving** children's observation and recognition of their own posttraumatic reactions
- **Increasing** communication between caregiver and child about child's traumatic stress reactions
- **Teaching** coping strategies to support children and caregivers in gaining mastery over traumatic reactions
- **Reducing** concrete external stressors (e.g. housing issues, systems negotiation, safety planning, etc.)

Format of CFTSI

- 5 8 Sessions
 - Individual session(s) with caregiver
 - Individual session(s) with child
 - Joint sessions with caregiver and child
- CFTSI focuses discussion on the child's traumatic reactions, not on the details of traumatic event(s)

Key Addition to an Organization's Menu of Services

- As a brief model, adaptable for settings with briefer lengths of stay
- Implemented immediately following a potentially traumatic event or disclosure of physical or sexual abuse in a forensic setting (such as a CAC)
- Successfully implemented with children who have experienced multiple traumatic exposures
 - In studies of CFTSI, the average number of previous trauma types experienced was six
- Seamless introduction to longer-term treatment and other mental health interventions

Improving Communication Increases Support

<u>CFTSI</u>:

- Replaces chaotic post-traumatic experience with: — Structure, words, and an opportunity to be heard by caregiver
- Uses clinical tools to increase symptom recognition and discussion about them
- Provides skills and behavioral interventions
- Increases control through symptom reduction

Clarifying the Inclusion Criteria for Implementing CFTSI

<u>CFTSI is implemented with youth with</u>:

- High levels of trauma symptoms
- Low levels of trauma symptoms
- Multiple trauma types in their history
- Complicated, complex trauma histories
- Caregivers who may be:
 - Traumatized, symptomatic
 - Initially angry, child-blaming

CFTSI Results

Significant
decrease in
child's trauma
symptoms

 Children Who Received CFTSI Were 65% Less Likely to Meet Full Criteria for PTSD

• Children Who Received CFTSI Were 73% Less Likely to Meet Partial or Full Criteria for PTSD

Significant decrease in caregiver's trauma symptoms

 62% of caregivers who participated in CFTSI experienced clinically meaningful improvements in post-traumatic stress symptoms

Increase in Child-Caregiver Communication CFTSI increases shared caregiver/ child report of posttraumatic symptoms

Significant decrease in discrepancy in child and caregiver reporting on child's trauma symptoms

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CFTSI Training Requirements and Commitments

<u>All CFTSI training participants (including both clinicians and supervisors)</u>:

- Attend a "live" interactive CFTSI training (offered either virtually or in-person)
- Actively participate in a minimum of 11 of the 14 twice-per-month consultation calls (one hour each) held over a period of approximately 7 months following the initial CFTSI training
- Complete a minimum of 3 CFTSI cases during the time period of the 14 consultation calls, which is approximately 7 months following the CFTSI training (this applies to both clinicians and supervisors)
- Input metrics on CFTSI cases into the web-based CFTSI Site Sustainability System, which involves submitting metrics data on CFTSI cases electronically

Additional Criteria for CFTSI Training

- Training participants must be Masters, PhD or MD-level mental health clinicians
- In order to proactively address the issue of sustainability:
 - -All organizations/programs will commit to sending a clinical team to the CFTSI training that includes a minimum of:
 - •1 clinical supervisor who is committed to implementing CFTSI
 - •2 (or more) Masters-level clinicians who also have committed to implementing CFTSI
- The clinical training team (of the clinical supervisor and clinicians) may be based out of either:
 - -The CAC
 - -A mental health program that is a partner of the CAC

CFTSI Training Options: Option #1

Apply to participate in basic CFTSI training offered through the Yale Child Study Center each year in July (conducted either in-person or virtual)

- -Additional trainings may also be offered during the year
- -Participants from multiple programs/organizations attend these trainings
- <u>Training hours</u>:
 - –Virtual CFTSI trainings: 3 consecutive days, for 4 1/2 hours each day
 - -In-person trainings: 2 consecutive days for 7 hours each day
- <u>Costs</u>:
 - -Training registration fee: \$350 per person for the full training
 - -Consultation calls: \$2,800 per group for 14 twice-per-month one-hour calls
 - Cost-sharing of the consultation calls is usually an option if we are able to match up two or more organizations to have their consultation calls together

-Travel costs for participants (if the training is held in-person)

CFTSI Training Options: Option #2

Programs/organizations can contract with a Master CFTSI Trainer to provide the basic CFTSI training (conducted either in-person or virtual) and consultation calls

- -Please note: We are only able to conduct CFTSI trainings for groups of 10 or more clinicians/supervisors who will be implementing CFTSI
- <u>Training hours</u>:
 - –Virtual CFTSI trainings: 3 consecutive days, for 4 1/2 hours each day
 - –In-person trainings: 2 consecutive days for 7 hours each day
- <u>Costs</u>:
 - -Training: \$6,000 for the full training
 - -Consultation call groups: \$2,800 per group for 14 twice-per-month one-hour calls
 - We can accommodate up to 3 programs/10 people per consultation group
 - -Additional costs would include travel costs for the CFTSI Master Trainer

CFTSI Training Application Process

<u>CFTSI Training Application Process includes</u>:

- Initial contact with CFTSI Co-Developer, Carrie Epstein, LCSW-R to:
 - –Discuss interest and need
 - –Ensure that CFTSI is a match for your program/CAC
 - -Complete of organizational readiness process, which involves:
 - Completion of Peritraumatic Tally Sheet to assess number of potential CFTSI cases
 - Finalizing number of clinicians and supervisors to be trained to ensure success
- Completion of CFTSI training application

Interested in CFTSI Training?

• <u>Contact</u>:

Carrie Epstein, LCSW-R

Co-Developer of CFTSI Director of Clinical Services and Training Yale Child Study Center Yale School of Medicine

- Email address: epstein.carrie@gmail.com
- <u>Please note</u>: If you are submitting a grant proposal, please contact Carrie Epstein *prior* to submitting the proposal, in order to determine if CFTSI is a match for your program