Connecticut
Evidence Based Treatment
Coordinating Center

Welcome Packet & Application

Child Health and Development Institute of Connecticut, Inc.

A PARTNER IN NCTSN The National Child Traumatic Stress Network

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Connecticut EBT Coordinating Center

Introduction

We are pleased to invite you to the Connecticut Evidence Based Treatment (EBT) Network! We are excited to collaborate with and support your efforts to provide evidence-based mental health and trauma treatments to children and families throughout the state. The Connecticut EBT initiative is funded by the Connecticut Department of Children and Families (DCF), Connecticut Support Services Division (CSSD), and the National Child Traumatic Stress Network (NCTSN) who partners with the Child Health and Development Institute of Connecticut (CHDI) and model developers who support implementation. The Connecticut EBT network includes a growing number of community and school-based providers, all of whom receive training and consultation support **at no charge**.

More about the Connecticut EBT initiative is available at: https://www.chdi.org/our-work/mental-health/evidence-based-practices/

Implementation vs. Training

The EBT implementation support and training experience provides an excellent opportunity for agencies to embed research-supported EBT's within their existing cadre of interventions. The Coordinating Center supports providers with comprehensive EBT implementation. This strategy is built around the emerging field of implementation science. Research shows that traditional training approaches, where clinicians attend a one-time training with little or no follow-up support, are largely ineffective for sustaining practice change (Fixsen et al., 2005). Training is a necessary, but not sufficient, component of implementation. Successful implementation also requires organizational support, pre-implementation preparation, leadership support, consultation, accountability, cross-system collaboration, quality assurance, and data-driven evaluation of treatment efficacy. This concept is supported by our experience coordinating the implementation of multiple EBT's in Connecticut since 2007, and is informed by collaboration with colleagues across the country doing similar work.

Therefore, providers interested in joining the Connecticut EBT network must commit to participating in all required implementation activities. With limited resources, we must focus support on those providers that are committed to a high-quality and sustainable EBT implementation.

Connecticut EBT Coordinating Center

The Child Health and Development Institute (CHDI) is a non-profit agency whose mission is to improve the health and mental health of all children in Connecticut through model development, program implementation, quality assurance, and improved collaboration across child-serving systems. The Connecticut EBT Coordinating Center at CHDI provides training, consultation, quality assurance, and data reporting to existing and new providers within the Connecticut EBT Network.

CHDI began EBT implementation in 2007 with TF-CBT and has expanded over the years to implement multiple EBTs to include Attachment, Regulation, & Competency (ARC), Bounce Back (BB), Child & Family Traumatic Stress Intervention (CFTSI), Child Parent Psychotherapy (CPP), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, of Conduct Problems (MATCH-ADTC), and Trauma Affect Regulation: Guide for Education & Therapy (TARGET). In partnership with the state Department of Children & Families, multiple Community Mental Health Agencies and Schools across Connecticut, CHDI has been able to ensure that children and families are receiving mental health and trauma treatment that have been proven by research to help children achieve better outcomes.

EBT Models Currently Available for Implementation:

1. Trauma Focused Cognitive Behavior Therapy (TF-CBT)
2. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Problems (MATCH-ADTC)
3. Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
4. Bounce Back (BB)

Note: Due to the training and consultation requirements for each model, agencies/clinicians are only allowed to participate in training for one model per year.

Goals

The overarching goals of the EBT Coordinating Center are to:

- Improve **access** to EBTs for Connecticut children
- Achieve high **quality** implementation of EBTs
- Demonstrate improved **child outcomes** for children receiving EBTs

Coordinating Center Activities

The Coordinating Center provides support for implementation, sustainability, and quality assurance of EBT programs across the state through a number of activities:

1. **Implementation.** EBT implementation is provided through: pre-implementation work, training, and consultation. Training activities include the model specific clinical training, as well as training on use of standardized assessment measures, data reporting, quality assurance, and other topics, as needed.
2. **Clinical Consultation.** Following initial clinical training, clinicians participate in a series of clinical consultation calls with model specific trainers/consultants for ongoing clinical support during initial implementation. The duration and schedule of calls differs depending on the model (e.g. 12 calls over a nine month – one year timespan for TFCBT/MATCH versus biweekly calls during the school year for CBITS/BB), however all participants are expected to attend at least 75% of their call series.
3. **Implementation Consultation.** Coordinating Center staff provide consultation and technical assistance throughout implementation. The amount and type of consultation provided is generally based upon the implementation phase, current progress, and individual provider needs. Typically, consultation is more frequent during the initial stages of implementation. Once an EBT program is up and running, a common plan is that consultation occurs quarterly (virtually) and as needed via telephone or in-person. Sample consultation topics include agency screening, triage, identifying children appropriate for EBTs, and supervision plans.
4. **Quality Improvement (QI).** Coordinating Center QI activities support high-quality EBTs being delivered with fidelity through the development of indicators and benchmarks for each EBT. These activities will be determined based upon implementation stage and status of the EBT programs. Coordinating Center staff will work with providers to develop QI goals focused on specific aspects of EBT implementation.
5. **Data Reporting.** The Coordinating Center manages two EBT data systems: DCF's Provider Information Exchange (PIE) system (MATCH & TF-CBT) and EBP Tracker (ARC, CBITS/BB) that providers use to enter implementation and outcome data. Client demographics, client assessment data and clinican activity data are entered into these databases. Data requirements are developed to be as minimal as possible so as to reduce the burden of data entry, and the Coordinating Center provides training on use of the data system and furnishes monthly reports to all provider teams which review major data elements (e.g. number of children served). These reports are used for QI and evaluation purposes. CHDI and DCF reserve the right to revoke partnerships if situations arise that involve misuse of data (e.g. falsification of data.)
6. **Credentialing & Certification.** The Coordinating Center has developed statewide TF-CBT, MATCH-ADTC, ARC and CBITS/BB credentialing criteria intended to recognize clinicians that complete basic requirements for implementation of the EBT while providing high quality clinical care.
7. **Training.** All training activities provided by the Coordinating Center are facilitated by nationally and state certified trainers at no cost to clinicians or agencies. TF-CBT New

Clinician training occurs over 3 days, CBITS and Bounce Back! New Clinician training occurs over 2 days, and MATCH-ADTC occurs over 5 days. Training activities include clinical training on the specific model and experiential learning activities.

The Coordinating Center maintains a database of training participation, and because new trainees need time to develop confidence in the model, we do not allow providers to sign clinicans up for multiple new EBTs concurrently.

8. **Annual Conference.** The Coordinating Center plans and hosts an annual EBT conference that is open to all providers in the Connecticut EBT Coordinating Center Network. Connecticut EBT providers and national EBT trainers facilitate workshops throughout the day. Workshops have focused on the delivery of EBTs to specific client groups, creative strategies for the implementation of EBTs, self- care for EBT providers, and collaboration with other systems.
9. **Financial Incentives.** The Coordinating Center administers EBT performance-based financial incentives to qualifying provider agencies. These incentives are intended to partially offset the higher costs associated with sustaining an evidence-based treatment, compared to treatment as usual. The Coordinating Center determines financial incentive criteria in collaboration with DCF and CSSD.
10. **Contracting.** CHDI develops a contract with each provider which outlines responsibilities for both parties. For CBITS/BB teams that offer the model within a school, a Memorandum of Understanding is also requested.
11. **Site Based Trainer Training Opportunities:** Any provider team that has a credentialed or certified clinician in MATCH or CBITS/BB is welcome to nominate that clinician for the specified EBT's Train the Trainer Program. This would enable the clinician to become a trainer in the model, which they can then use to train new clinicains at their agency or for the statewide initiative at large. For more information, please contact the Coordinating Center.
12. **Quarterly Leadership Meetings:** CHDI invites leadership team members to participate in various quarterly meetings to discuss barriers, solutions, and innovations with other participating providers throughout the state. Topics vary based on implementation needs and are created in partnership with team leadership. CBITS/BB invite leadership to participate in these meetings. ARC, MATCH and TF-CBT offer quarterly statewide coordinator meetings. Organizations who also have an OPCC contract with DCF participate in quarterly statewide meetings.

Assessments & Data

Successful implementation requires use of data for clinical purposes, quality improvement, and evaluation. Standardized assessment measures are used to screen children for appropriateness for an EBT, determine clinical needs, and monitor any progress toward symptom reduction. Child level data collected by the provider is entered into DCF's Provider Information Exchange (PIE) or EBP Tracker which are both secure, statewide databases for child behavioral health EBTs. MATCH and TF-CBT enter client data into PIE. The PIE server has built-in security measures for ensuring privacy

including idle timeout, password requirements, account lockouts, a secured URL, encryption, a firewall and monitoring via audit logs and user lists. CBITS/BB and ARC enter data into EBP Tracker. Under HIPAA, the data collected in EBP Tracker is considered a Limited Data Set. The data sets in both databases are available to designated team members to be exported for further analysis. CHDI maintains a contract and Data Use Agreement with each provider in order to ensure all data is protected. CHDI reserves the right to revoke a partnership if situations arise that conflict with contractual or data use agreements (e.g., falsification of data).

Connecticut EBT Coordinating Center Evidence-Based Treatments

Cognitive Behavioral Intervention for Trauma in Schools and Bounce Back (CBITS/BB)

CBITS is a brief, evidence-based, school-based group intervention for children suffering from exposure to violence, abuse, and other forms of trauma, and is appropriate for children in grades five through twelve. BB is an adaptation of CBITS for elementary aged children in grades kindergarten through fifth grade. Both CBITS and BB are designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems and to improve functioning, grades and attendance, peer and parent support, and coping skills. Research shows that children who received CBITS showed significant reductions in PTSD symptoms from pre- to post-group (Stein et al., 2003).

The CBITS model consists of 10 group sessions (about 1 hour each), 1-3 individual sessions, up to 1-2 parent psychoeducational sessions, and 1 teacher education session. BB also consists of 10 group sessions, 2-3 individual sessions, and 1-3 parent psychoeducational sessions. CBITS and BB have been successfully implemented across the U.S. as well as abroad, and has been adapted for use with Spanish-speaking populations, low-literacy groups, and children in foster care. While strongly evidenced, CBITS/BB is not appropriate for all children suffering from exposure to trauma.

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

MATCH-ADTC is a bold redesign of evidence-based treatment of childhood anxiety, depression, trauma, and conduct problems for children ages 6-15. Extensively tested in community mental health settings, this innovative system is the ultimate practitioner's toolbox: a wealth of well-organized resources that can be deftly adapted for a diverse array of children and problems.

The program combines 33 modules—drawn from the most successful evidence-based treatments—into a single, flexible system. Comprehensive flowcharts guide the process of care,

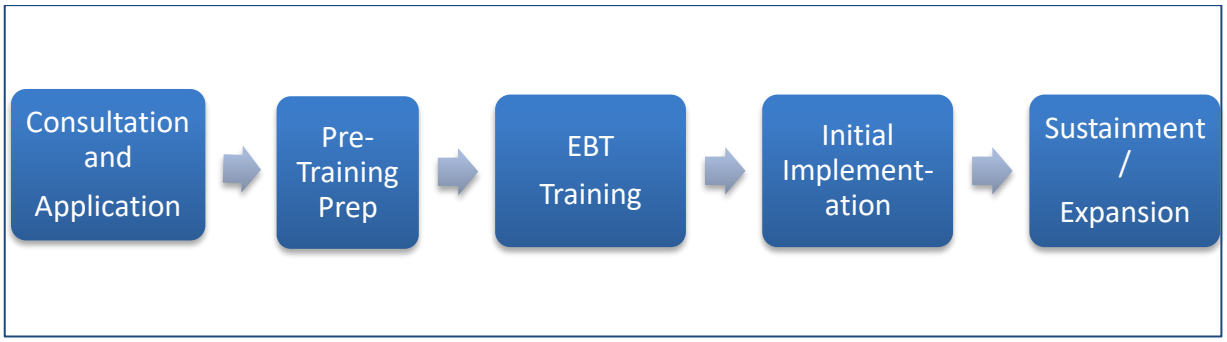
streamlining treatment to fit the child's needs while fostering individualization to address comorbidity or therapeutic roadblocks. The system provides clear step-by-step instructions, activities, example scripts, time-saving tips, monitoring forms, and easy-to-read explanatory handouts and worksheets for children and their caregivers (Chorpita, 2009).

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is an evidence-based treatment model that is designed to provide children and parents/caregivers with knowledge and skills related to processing trauma; managing distressing thoughts, feelings and behaviors; and enhancing safety, parenting skills, and family communication. TF-CBT is the most widely researched and disseminated treatment for children suffering from exposure to abuse, violence, and other traumatic events. Children who complete TF-CBT treatment exhibit improvement in PTSD, depression, anxiety, behavior, and other symptoms. Research also shows that TF-CBT provides significant cost savings in reduced future treatment costs (Greer, Grasso, Cohen, & Webb, 2013).

The TF-CBT model is appropriate for children from ages 3- 18 who have significant behavioral and emotional problems related to experiencing traumatic life events such as physical abuse, sexual abuse, neglect, domestic violence, sudden death or loss of a loved one, and community violence. The model is designed for children with complex trauma, depression, anxiety, and/or shame related to their exposure to a traumatic event; as well as children who are experiencing significant Post Traumatic Stress Disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria. Treatment is completed in an average of 22- 26 weekly sessions. TF-CBT has been successfully used with children in the child welfare and juvenile justice settings, in outpatient and congregate care settings, with children who have extensive, chronic trauma histories, and those with a range of comorbid psychiatric issues. However, TF-CBT is not appropriate for all children, nor is it appropriate for all children suffering from exposure to trauma.

What Steps Does It Take To Become an EBT Provider?



The Coordinating Center has developed a cadre of activities designed to prepare individual clinicians and provider teams for implementing EBTs. Site visits and consultation calls will be provided by the Coordinating Center. Agencies and individuals must complete the following requirements prior to attending the model specific clinical training. Use the model specific Readiness Assessment Checklist and the Team Implementation documents to guide your process.

Agency teams and individuals who are interested in joining the Coordinating Center Network must complete the following requirements ***prior to registering anyone for training***:

Point Person	**Task**
Senior Leader	Complete and submit the Initial Application to Participate to the Connecticut EBT Coordinating Center (available in this packet).
Senior Leader and Coordinator Senior Leader and Coordinator (cont.)	Identify your EBT team (agency) on the EBT Team Members document that is found within the Application to Participate. This includes: --clinicians with advanced degrees (e.g. M.A. or Ph.D.) who can carry a case load of children receiving a specific EBT (MATCH-ADTC, CBITS/BB, or TF-CBT). --At least one supervisor who will supervise clinicians with their EBT cases and will also implement the EBT with at least one child or group. --A Site Coordinator (usually a clinician or the team supervisor) that facilitates team implementation meetings, monitors data entry, and act as the liaison to CHDI. Typically, persons in this role help schedule site visits and ensure timely data entry into EBP Tracker (by individual clinicians or your designated data entry person, whichever you decide). --A Senior Leader (typically an administrator or superintendent) who oversees the site that will be implementing an EBT, and who has the authority to make systemic changes necessary to support their team and to develop partnerships. Senior Leaders do not have any obligation to attend training or provide EBT.
Coordinator	Establish when you will hold weekly team meetings that begin prior to the clinical training. These meetings tend to focus on addressing implementation

	concerns, the therapeutic use of EBT assessments, EBT clinical skills, review of referrals or children, outreach to parents, and self-care.
Senior Leader and Coordinator	Develop implementation plan, including procedures for triage and referral to the EBT team, screening, and logistics related to service provision (such as space, time, etc for implementing the EBT). Screening tools are provided by the Coordinating Center.
Senior Leader and Coordinator	Review post-training requirements with clinicians so that they are fully aware of the expectations that CHDI Coordinating Center has for teams and team members. (see below for specific details related to these requirements)

Once these tasks are complete and you submit your application, the model specific Project Coordinator will review it and follow up with you. Prior to or when your application is accepted and you are asked to join our provider network, the Project Coordinator will schedule a meeting with the Senior Leader and Coordinator to discuss the pre-training activities. Once completed, clinicians may register for the next available training. **Please be aware, we expect clinicians to be informed of the following post-training requirements:**

- Complete an EBP Tracker Enrollment Form so as to be registered on your team roster.
- Ensure that each member will attend the full clinical training for the model they are being trained in (MATCH-ADTC- 5 days, TF-CBT- 3 days, CBITS- 2 days, BB- 2 days)
- Participate in post-training consultation calls (75% attendance required)
- Commit to use all client assessment measures and enter data into the EBP Tracker database within the required timeframes

CBITS/BB Resources

Here are some resources that will be helpful as you begin your practice of CBITS/BB:

1. http://cbitsprogram.org
2. http://bouncebackprogram.org
3. https://www.chdi.org/our-work/mental-health/evidence-based-practices/ebp-provider-resources/

MATCH-ADTC Resources

Here are some resources that will be helpful as you begin your practice of MATCH-ADTC:

1. https://www.practicewise.com/portals/0/MATCH_public/index.html
2. https://weiszlab.fas.harvard.edu/video-tutorialshttps://www.chdi.org/our-work/mental-health/evidence-based-practices/ebp-provider-resources/
3. https://www.chdi.org/our-work/mental-health/evidence-based-practices/match/

TF-CBT Resources

Here are some resources that will be helpful to you as you begin your practice of TF-CBT:

1. The National Child Traumatic Stress Network (NCTSN) provides information, resources and tools for the practice of TF-CBT http://www.nctsn.org/
2. The Medical University of South Carolina provides TFCBT online training. Completion of this training is required prior to participating in Connecticut TF-CBT Coordinating Center activities, as well as becoming credentialed in Connecticut and for national certification www.tfcbt2.musc.edu
3. National TF-CBT Therapist Certification is the certification program sponsored by the developers of TF-CBT. They provide a national registry of certified TF-CBT clinicians. To become certified, a clinician must meet several requirements and pass an on line TF-CBT test. http://www.wpahs.org/tfcbt

Contact Information

For further information, or to begin the application process, please contact:

CBITS/BB
Alice Kraiza, MPH
CBITS/BB Senior Project Coordinator II
akraiza@chdi.org
860-404-6149

MATCH-ADTC
Tiffany Franceschetti, LCSW
Senior Associate
tfranceschetti@chdi.org
(860) 404-6522

TF-CBT & ARC
Allison Valenti, LMFT
Senior Project Coordinator
avalenti@chdi.org
(860) 404-6156

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CHDI EBT COORDINATING CENTER
APPLICATION TO PARTICIPATE

Date of Application:		**Applicant Name:**	
Applicant Email:		**Phone:**	

Provider Setup

Provider/Practice/District Full Legal Name:						
Provider Type:	❒	Behavioral Health Provider	❒	Health Care Provider	❒	SBHC
	❒	Education/School/District	❒	Private Practice	❒	Other (specify).

EBT Model: ☐ **ARC** ☐ **CBITS/BB** ☐ **CPP** ☐ **MATCH** ☐ **TF-CBT**	**Projected Implementation Start Date:** ****Please note, agencies may only pursue 1 EBT initiative per year****
Applicant Administration Street Address (Main Office):	**Phone Number:**

City:	**State:**	**Zip:**
Main Office Phone:	**Main Office Fax:**	
Email:	**Website URL:**	

CEO/Superintendent Information (needed for contracts and agreements)

First Name:		**Last Name:**	
Title:		**Suffix:**	
Office Phone:		**Email:**	

If preferred, Information on CEO's (or Superintendent's) Designated Contact Person (for email updates/outreach)
****this person may similarly be CC'd on emails that go to CEO as well****

Contact Person First Name:		**Contact Person Last Name:**	
Contact Person Phone:		**Contact Person Email:**	
Notes:			

Clinical Site 1 (where services will be delivered)						
Site Name:			**Primary Clinical Site?**		❒	Yes
					❒	No
Program Area(s) that provide EBPs at this Site:			❒	Agency-based school		
			❒	Community Support		
			❒	CSSD		
			❒	CYFSC		
			❒	DCF		
			❒	EDT		
			❒	In-Home		
			❒	Outpatient/ECC		
			❒	Residential		
			❒	School-based		
			❒	Training only		
			❒	Other, specify		
Site Street Address:						
City:			**ST:**		**Zip:**	
Phone:			**Fax**			
Will referrals be received at this site?	❒	Yes	**Will clinical services be provided at this site?**		❒	Yes
	❒	No			❒	No
Would you like this site listed on the EBP Public Directory?	❒	Yes	**Is this the main administrative office site?**		❒	Yes
	❒	No			❒	No
(For CBITS/BB) School District:						
Notes:						

*****Please feel free to copy and paste additional site forms as needed*****

EBT Team Information			
EBT Team Roles	**Name and Title**	**Contact information**	**EBT Experience**
Senior Leader: Responsible for overseeing implementation, must have authority to provide resources to team & oversee all team members/ external partnerships, etc. No training or deliverable requirement.		**Email:** **Phone:**	
Coordinator: Person that will facilitate/manage implementation, monitor data entry timeliness, and communicate with CHDI and/or Agency Senior Leader. No deliverable requirement; training recommended.		**Email:** **Phone:**	
Supervisor: Provides clinical supervision of team clinicians; does have training and deliverable requirement.		**Email:** **Phone:**	
MATCH Associate Consultant: The AC will serve as an in-house MATCH Consultant that will facilitate team meetings and provide clinical case consultation to the MATCH team in their respective provider agency. (for MATCH applicants only)		**Email:** **Phone:**	
Clinical team members: The following members are more hands-on re: implementation of specific models. The team members below tend to have closer connection to daily implementation, thus will provide more detailed information to the Coordinating Center as requested. Also, these members tend to be responsible for data entry and other requirements outlined in this packet.			
Name	**Title**	**Role**	**Email**

Agency Practice Information
Current process to identify and screen children with a history of anxiety, depression, conduct problems and/or history of exposure to traumatic events:
Standardized assessments that are currently used in this program area (mental health symptoms):
Current EBTs that are used at the agency/practice/school/district:
Target population that the agency/practice/district has identified for TF-CBT, MATCH, CBITS/BB:
How many children ages 4-18 were served by your program in the last six months?
If applying for TF-CBT or CBITS/BB:
How many children ages 4-18 that have been screened for trauma using a standardized measure at your program/practice in the past six months?
How many of the children ages 4-18 served in the past six months have experienced a potentially traumatic event?
If applying for MATCH:
How many children ages 4-18 that have been screened for anxiety, depression, conduct problems, and/or trauma using a standardized measure at your program/practice in the past six months?
How many of the children ages 4-18 served in the past six months have experienced anxiety, depression, conduct, and/or trauma symptoms?

COMPLETE ONLY IF APPLYING FOR CBITS/BB INITIATIVE

Agency/Practice Information			
Approximately how many children are in the entire school/district where CBITS/BB will be offered?:			
Grade K to 5th (age 5 – 10):		Grade 6th to 12th (age 11+):	
If applicant is not a school or school district, please describe your current relationship with the school(s) you would like to deliver groups in, and the extent of current discussions and agreements with the school(s) to participate:			
Please describe how children will be screened for eligibility in your school/program? For example, will screening be done school-wide, specific grades/classes, or for targeted populations? Is parental consent required, and if so how will it be obtained? Screening requires the use of the brief Trauma Exposure Checklist (TEC) and the Child Posttraumatic Stress Scale (CPSS).			
Are there currently other EBPs offered in this school/program? If so, list/describe.			
What do you need to address, and what challenges do you anticipate, prior to beginning to offer groups?			

Connecticut EBT Coordinating Center Readiness Assessment Checklist	
Task	**Checklist (please mark once complete)**
All team members have read and understand this Welcome Packet.	
Agency has developed a plan for referring appropriate youth to the EBT team.	
Provider/school will contract with CHDI, including a separate Data Use Agreement.	
All clinicians/supervisors will attend the full training and required consultation calls.	
Required data will be submitted, including screening and child assessment data.	
Application complete including identification of all team members.	
For MATCH & TF-CBT: Each clinician has the capacity for 3 EBT cases concurrently and for each supervisor to have at least 1 EBT case.	
Staff at all levels are informed about EBTs and the agency EBT screening and referral process.	
There is a schedule of weekly EBT team meetings that include the review of EBT referrals, assessments and components, case presentations, successes and self care activities.	
We agree that the following must be completed <u>prior</u> <u>to</u> staff attending selected EBT Training:	
EBT implementation team meeting scheduled weekly for all team members.	
Training on required data/assessments including EBP Tracker will be completed with CHDI.	
Pre-implementation site visit with full team will be completed.	
All team members have completed all EBT reading and pre-requisite training if required	
If TF-CBT, all staff attending the 2 day clinical training have identified and completed the baseline assessment packet with at least 2 cases (including supervisors) prior to the training.	
Process for screening children in program/school for trauma will be discussed and approved by all relevant parties (i.e. Initiative team, school personnel…) prior to training	
Supervision plan will be developed for clinical supervision for EBT clinicians.	
MOU/MOA or Letter of Commitment with school or district will be completed prior to training or prior to implementation	

<u>Attestation</u>

I have read and understand this Welcome Packet, and my agency/school/district would like to apply to become a partner within the statewide initiative noted in the above application. By applying, I am reporting interest in implementation support and membership within CHDI's statewide EBT network. I certify that all of the information I have provided within this application is factual.

Printed Name	**Signature**	**Title**	**Date**

Please submit the completed application (preferably by email) to:

CBITS/BB
Alice Kraiza, MPH
CBITS/BB Senior Project Coordinator II
akraiza@chdi.org
860-404-6149

MATCH-ADTC
Tiffany Franceschetti, LCSW
Senior Associate
tfranceschetti@chdi.org
(860) 404-6522

TF-CBT & ARC
Allison Valenti, LMFT
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(860) 404-6156