



Trauma-Focused Cognitive Behavioral Therapy: Sustaining a Highly Effective Intervention

Research shows that children in Connecticut and across the nation experience traumatic events at alarmingly high rates. To address these concerns, the CT Department of Children and Families has supported a statewide dissemination of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a highly successful treatment for children suffering from Post-Traumatic Stress Disorder (PTSD) and other traumatic stress difficulties. TF-CBT is now accessible through a network of sixteen providers across Connecticut. However, this effective model of treatment is still not widely available across the state. The growing recognition of the impact of traumatic events on children's healthy development makes it imperative that we continue to support and expand access to this highly effective service.

A Large and Growing Problem

One in four children is likely to experience some form of traumatic event including physical or sexual abuse, neglect, and/or exposure to community violence, death, accident or chronic illness. Of the children being served by Outpatient Clinics in Connecticut, 60%-80% screen positive for trauma exposure. Up to 80% of children in Connecticut's juvenile justice system have also experienced significant traumatic events. Children exposed to trauma can develop chronic symptoms, including PTSD and depression. Untreated traumatic stress can result in significant long-term consequences as children with PTSD exhibit significantly higher risk of school failure (40%) teenage childbearing (60%) or unemployment (150%). These difficulties not only significantly impact children's healthy development, but can also result in great future costs for services and supports. With effective early identification and treatment, these costs can be alleviated. Prior to the statewide dissemination of TF-CBT, Connecticut's traumatized children had limited access to effective evidence-based trauma-focused treatment.

TF-CBT: A Successful Outpatient Solution

In 2009, Connecticut's Department of Children and Families (DCF) contracted with CHDI's Connecticut Center for Effective Practice (CCEP) to disseminate an evidence-based intervention, TF-CBT, to address the pervasive childhood exposure to trauma in outpatient community-based settings. DCF funding enabled CCEP to create a Coordinating Center, provide ongoing training, consultation, quality assurance and evaluation to eight providers per year, and provide an annual stipend to participating agencies to offset training costs. Once the model was established at participating agencies, TF-CBT sessions could be billed as outpatient mental health care through Medicaid or private insurance.

Data collected to-date on the over 1,000 children receiving TF-CBT demonstrate highly significant reductions in symptoms of PTSD (43%) and depression (53%) among those completing treatment. In most cases, at the completion of treatment children no longer meet the criteria for a PTSD diagnosis because of the extent of their symptom reduction. These results compare favorably with the results of other evidence-based trauma-focused treatments across the country. Participating families also report high levels of satisfaction with the program.

Children are able to return to happier, productive lives with positive outcomes both at home and in school. Evidence-based programs also yield long-term cost savings when compared with other programs reported to be as much as \$31,000 per child with problems related to delinquency, substance abuse, school problems and out-of-home placements (Washington State Policy Institute for Public Policy, 2004). An article in the *Journal of Clinical Psychiatry* estimates that untreated traumatic stress can lead to problems with school failure, teenage child bearing and unemployment (Kessler, 2000). TF-CBT can help offset these future costs and prevent more serious difficulties. TF-CBT has also been identified by SAMHSA as a model treatment for child trauma victims.

The Challenge: Sustaining Momentum

Currently, TF-CBT has the capacity to provide treatment for approximately 1,000 children annually through a network of over 300 clinicians, supervisors and administrators trained at [16 agencies](#) across the state.

While the system puts the treatment within an hour's drive for most families across the state, sustaining the program's initial success faces several challenges. Current capacity to deliver this valuable service does not come close to the identified need across the state. Factors such as the availability of ongoing training and technical support, quality assurance, evaluation, and awareness building among community-based stakeholders are critical to the initiative's sustainability and expansion. Moreover, the large and growing incidence of trauma exposure among children strongly suggests a need to expand TF-CBT capacity both within the existing 16 agencies and to new providers in diverse geographic locations. Finally, policies that support the delivery of evidence-based models, such as TF-CBT, are vital to ensuring that providers have both the incentive and capacity to deliver proven models that work.

In the current economic climate, evidence-based practices that have been proven to work and are cost effective should be the centerpiece of the mental health service system. Mechanisms to support provider organizations to deliver and sustain these practices should be explored.

The Learning Collaborative methodology used for dissemination and training of TF-CBT teams offers a potential solution to the sustainability issue. The advantages of the Learning Collaborative approach are summarized in our upcoming Issue Brief "*The Learning Collaborative Model: An Engine for Change*" and in CHDI's recently released IMPACT report "[Statewide Implementation of Best Practices: The Connecticut TF-CBT Learning Collaborative](#)".

For a printed copy of these materials or for more information, please contact Dr. Robert Franks, Vice President, CHDI and director of the CT Center for Effective Practice at rfranks@uchc.edu.