Expert Consensus: Recommended Trauma Focused Psychological Interventions

- **Psycho-Education:** to normalize traumatic responses
  - **Elevator story**
  - **Chicken pox analogy**
- **Anxiety management:** relaxation training, breathing retraining, positive thinking and self-talk, assertiveness training, and thought stopping
- **Cognitive Therapy:** correcting irrational beliefs, especially unrealistic guilt about the trauma
- **Exposure Therapy:** desensitizing the anxiety caused by reminders of the trauma by progressive exposure to them

Choosing TFCBT

RCTs demonstrating efficacy/effectiveness of TFCBT for:

- Ages 3-18
- Boys / Girls
- Multiple racial/ethnic backgrounds
- Varying socio-economic status
- Single or multiple trauma history
- Placement with biological parents or child welfare
- Children with behavior problems

TFCBT – *A Practice!*

- **Assessment!**
- **P** sychoeducation and Parenting Strategies
- **R** elaxation
- **A** ffective expression and regulation
- **C** ognitive coping
- **T** rauma narrative and processing
- **I** n vivo exposure
- **C** onjoint parent child sessions
- **E** nhancing personal safety and future

Trauma-focused Cognitive Behavioral Therapy

Child's Treatment
Coping Skills Training:
Emotional Expression
Cognitive Coping
Relaxation

Gradual Exposure & Processing

Education:
Child Sexual Abuse
Healthy Sexuality
Personal Safety

Caregiver's Treatment
Coping Skills Training:
Emotional Expression
Cognitive Coping
Relaxation

Gradual Exposure & Processing

Education (like child sessions)
Behavior Management

Joint Sessions
Coping Skills Exercises
Gradual Exposure & Processing
Education Regarding Sexuality and Sexual Abuse
Personal Safety Skills
Family Sessions

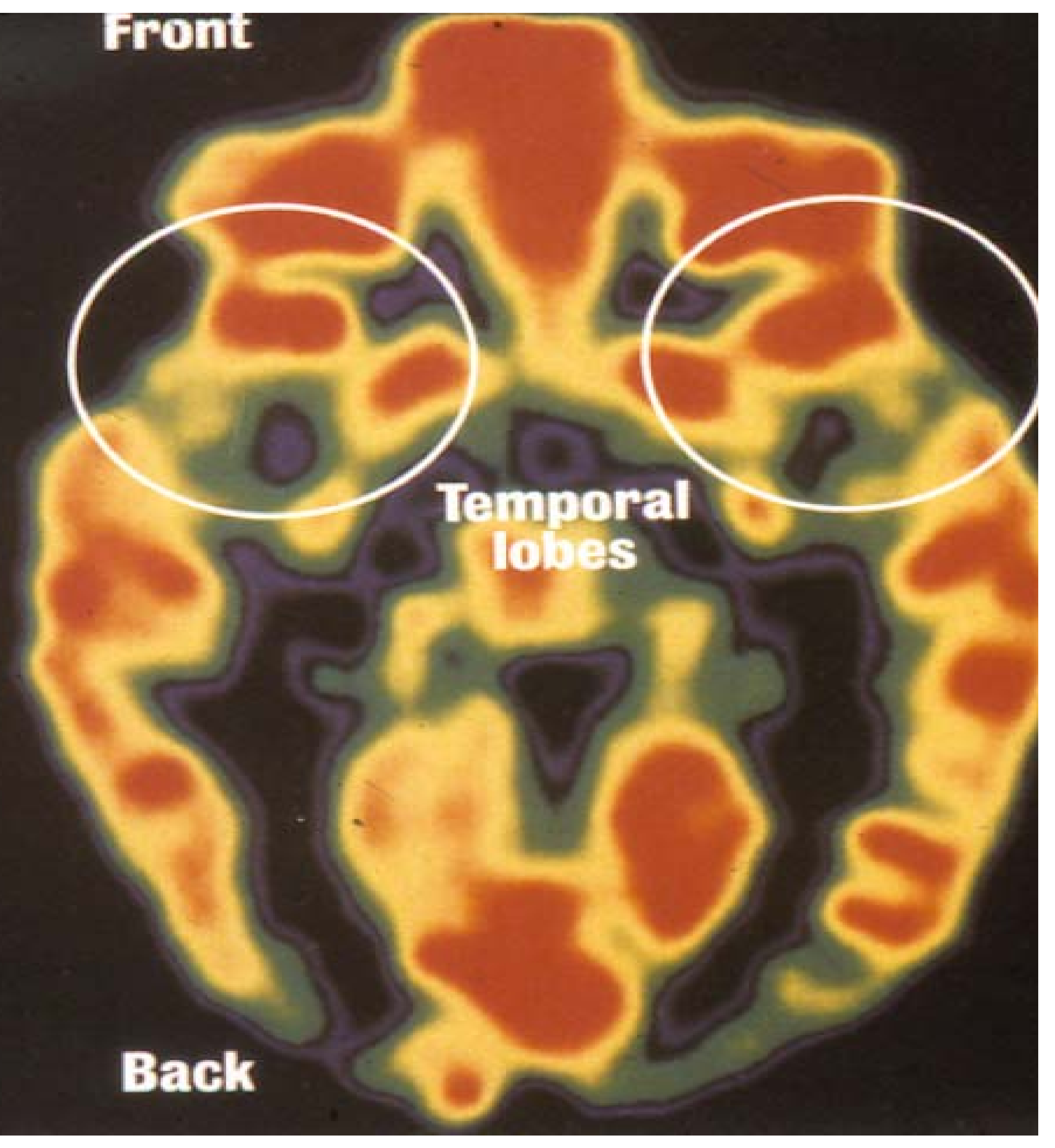
From Deblinger & Heflin (1996)

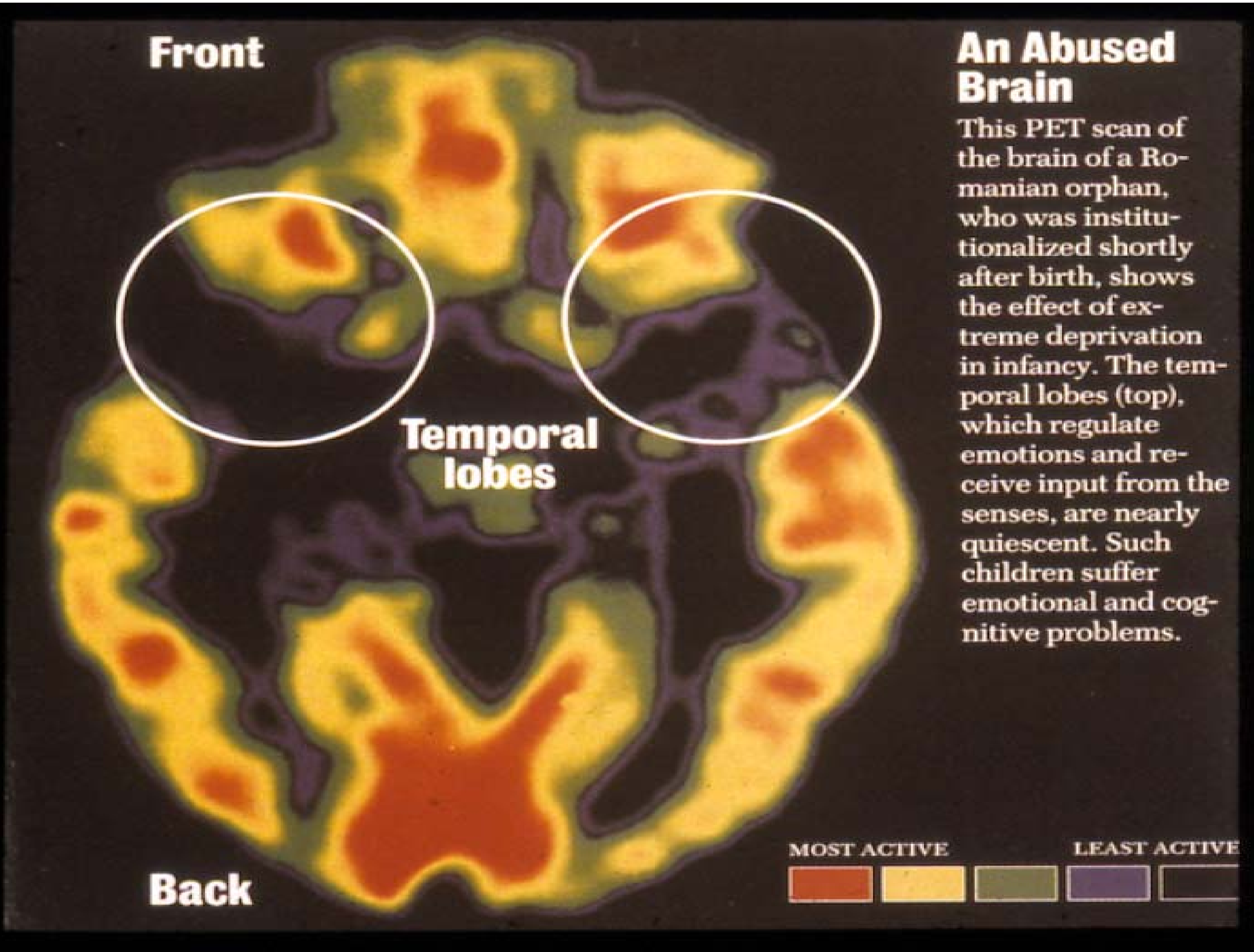
Understanding Impact:
I: ALTERATIONS IN AFFECT AND IMPULSE REGULATION

- Chronic and pervasive depressed mood or sense of emptiness or deadness
- Physically self destructive acts e.g. self mutilation
- chronic suicidal preoccupation
- Over inhibition of anger or excessive expression of anger
- Over inhibition or excessive expression of sexual drive e.g. lack of sexual drive following rape, promiscuity following sexual abuse
- Excessive risk taking associated with persistent feelings of invulnerability

Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.




Front
Back
Temporal
lobes
An Abused
Brain
This PET scan of
the brain of a Ro-
manian orphan,
who was institu-
tionalized shortly
after birth, shows
the effect of ex-
treme deprivation
in infancy. The tem-
poral lobes (top),
which regulate
emotions and re-
ceive input from the
senses, are nearly
quiescent. Such
children suffer
emotional and cog-
nitive problems.
MOST ACTIVE
LEAST ACTIVE

Assessment of coping styles

- In light of three stage cycle separate coping mechanisms may be necessary for "anticipatory" period of tension building , the violent incident, and the periods of reconciliation
- Children's coping style are on a continuum from active information seekers to information avoiders
- children with active styles will respond well to getting a maximum of information, rehearsal, and information on safety planning
- "Attenders" may cope less well during violent episodes than "distractors", however, many attenders become more distressed if discouraged from direct involvement with family problem
    - Difference between "parentification" and "required helpfulness"

QUESTIONS TO ASK CHILD ABOUT COPING

- ASK CHILD :
  - How well they believe they are coping
  - Who, if anyone, helps them do this
  - What they have found to be most effective and ineffective in dealing with violence
- :What they believe would be most helpful in assisting them in dealing with future incidents

Building Coping Strategies

- Psychoeducation
- Identifying Emotions, Thoughts & Triggers
- Anger Management
- Problem-Solving

CHILD ABUSE: GENERAL TREATMENT CONSIDERATIONS

- Safety Issues
  - return to the pain: balance between approach and avoid strategies
- Need for parallel treatment
- Family Practice Model

INTERVENTION (CONTINUED)

- EFFECTIVE INTERVENTION IS DIFFICULT UNLESS THE CHILD FEELS SAFE
- ANTIDOTE TO GUILT & HELPLESSNESS IS TEACHING SAFETY SKILLS AND EFFECTIVE COPING SKILLS FOR DEALING WITH FIGHTING; E.G "MOM CAN HANDLE THIS, SHE WILL ASK FOR HELP IF SHE NEEDS IT"

II: ALTERATIONS IN SELF-PERCEPTION

- A generalized sense of being ineffective in dealing with one's environment that is not limited to the traumatic experience - ranging from lack of confidence in one's own judgement to total immobilization.
- The belief that one has been permanently damaged by the stressor
  - Research on future-lessness in sexual abuse victims
- Exaggerated sense of guilt or responsibility for the trauma
- Persistent shame, embarrassment, or humiliation regarding others' knowledge of the traumatic experience
- The feeling that nobody else can understand the traumatic experience
- Inappropriate minimizing of the injuries that were inflicted by the stressor

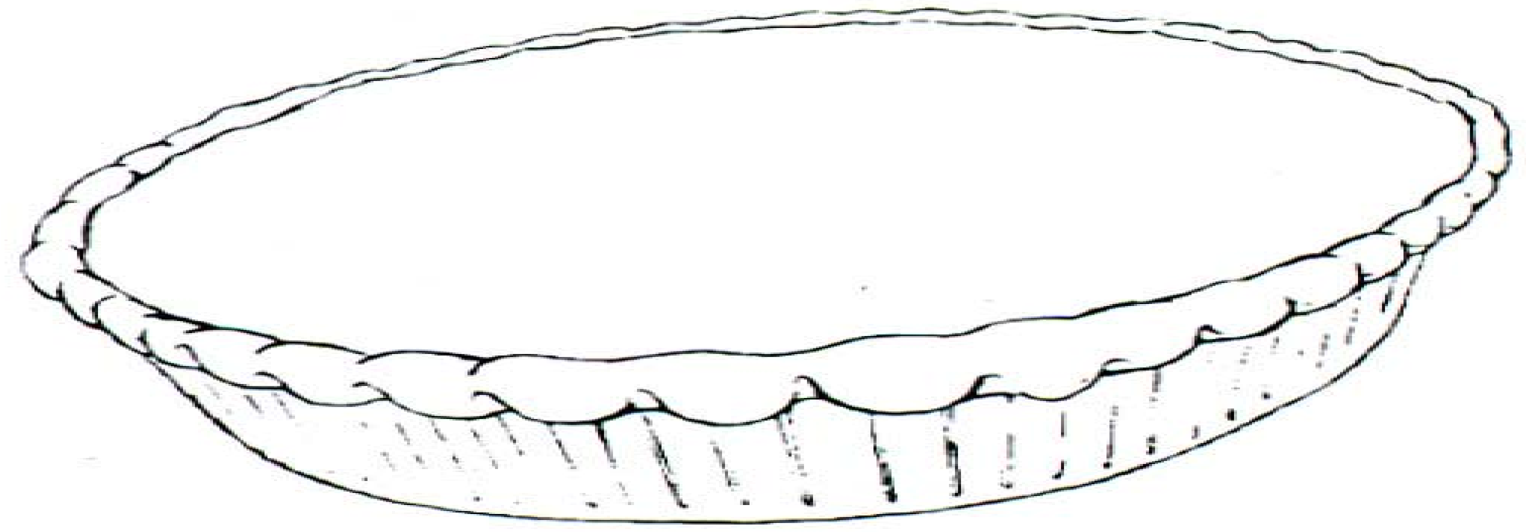
A FAILED PREVENTION EFFORT

- 19 children saw a prevention film while they were being abused
- 10 remembered seeing the film, but only 3 recalled details
- none of the children acted on what they were told to do in the film
- Reasons given for film not being helpful
  - Abuser was not shown in the movie
  - Fear that parents would blame them for "participating" in sexual games
  - Threats were too frightening - Children felt overpowered by abuser

DEALING WITH SELF BLAME

- Characterological as opposed to behavioral self-blame is associated with feelings of worthlessness and guilt
  - Presented to child as "because of me" thoughts as opposed to "because of someone or something else"
    - these thoughts should not be presented as "good" or "bad"; emphasis should be on discovering pattern and consequences
- Explain personalization, give hypothetical examples, "because of me" vs. "someone else", and real life ABC's
  - Pie Game: helpful for children who think in "black" or "white" ; Draw pie with different slices labeled by child with a variety of "causes" of the problem, identifying the multiple causes allows for more effective problem solving, practice having child label each slice on dimension of "because of me" vs. "because of others"

2. The adversity was ______________________________



I sliced the pie into ________ pieces.

Slice number ________

☐ Permanent Thought
☐ Because of Me Thought
☐ Temporary Thought
☐ Because of Someone or Something Else Thought

Slice number ________

☐ Permanent Thought
☐ Because of Me Thought
☐ Temporary Thought
☐ Because of Someone or Something Else Thought

Slice number ________

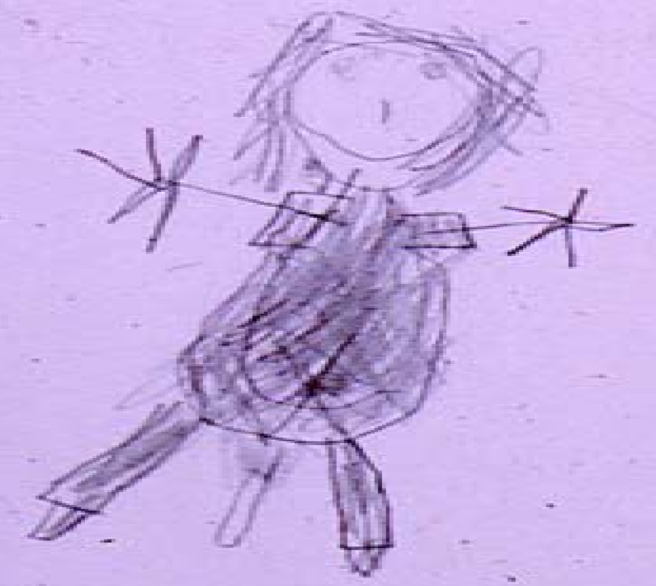
☐ Permanent Thought
☐ Because of Me Thought
☐ Temporary Thought
☐ Because of Someone or Something Else Thought

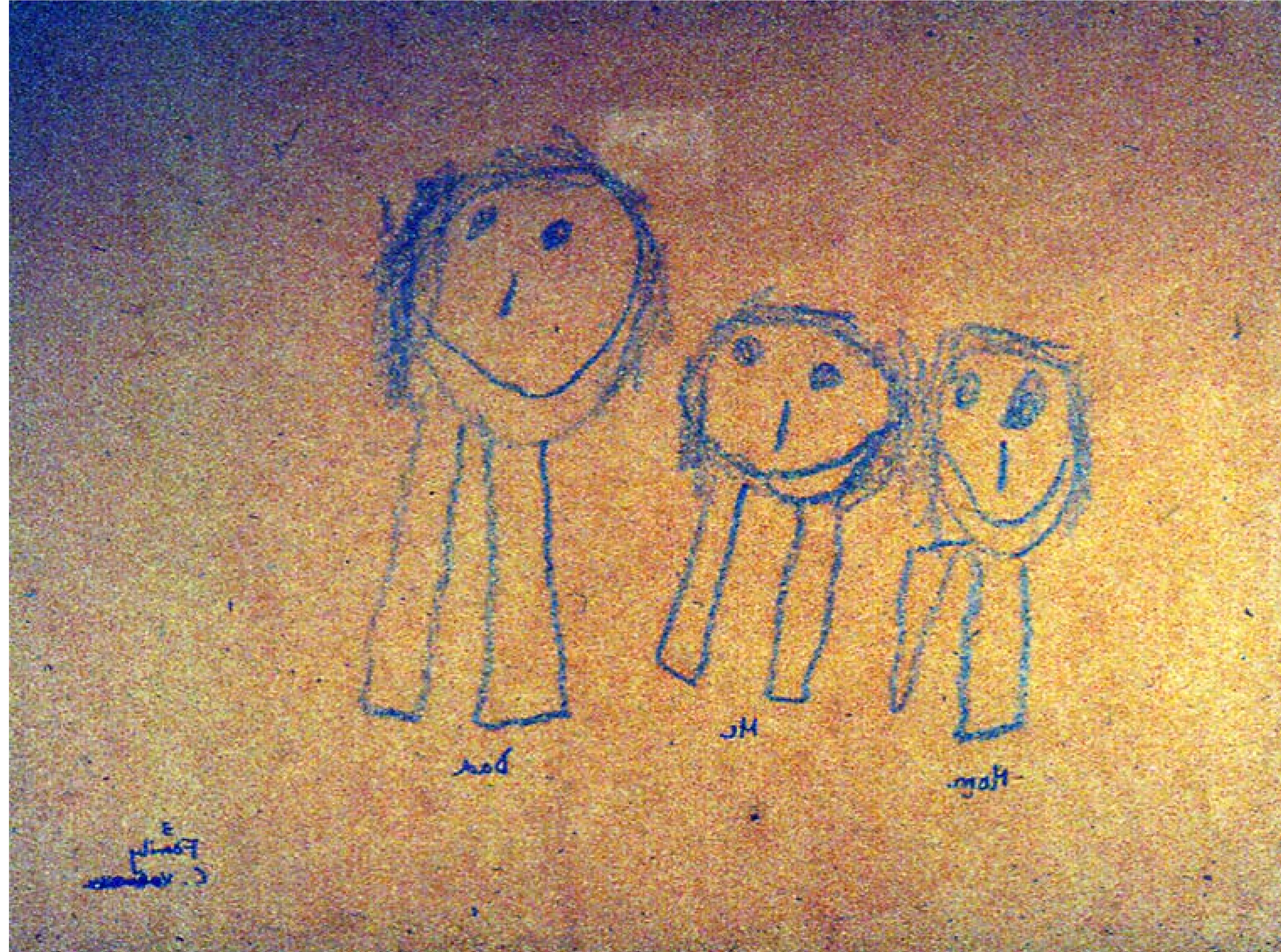
Slice number ________

☐ Permanent Thought
☐ Because of Me Thought
☐ Temporary Thought
☐ Because of Someone or Something Else Thought

III: ALTERATIONS IN RELATIONS WITH OTHERS

- Inability to trust or to be intimate with others
- Increased vulnerability to being revictimized by a different perpetrator
- Victimizing others in the same way that one was victimized




Dad
Me
Mom.
Family

Enhancing Resiliency

- Building Relationships
  - Trust
  - Building Social Support
  - Problems Not My Job To Fix
  - Interpersonal Effectiveness

Five Steps to Getting Support

1. What do I want?
2. Whom should I ask?
3. Find the right time to ask
4. Request with an "I" message:
   1. Tell them what I am feeling
   2. Tell them what happened (outside and inside)
   3. Tell them what I want them to do
5. Express sincere appreciation

What Kind of Support do I Want?

- Emotional closeness
- Social connection
- Feeling needed
- Reassurance of self-worth
- Being there for me when I need you
- Information (feedback and advice)
- Physical assistance
- Material

The value of non-offending parent sharing feelings about abuse

- **Studies of children who lost their father in the Yom Kippur War found that mothers' ability to talk of their sadness in front of their children played a crucial role in their children's recovery. Parents should, therefore, feel comfortable in occasionally discussing their sadness and concerns with their children. If this is done in a way that conveys a sense of loss mixed with reassurance and hope, children will learn a valuable lesson on how to deal with upsetting situations**

Problems that are NOT my job to fix
STRATEGIES FOR DETRIANGULATION

*Let's talk about a common hurtful thought that makes a lot of teenagers unhappy: "**It's my job to fix everyone's problems.**" Has that thought gone through your mind before?… Teenagers often tend to have this type of hurtful thought because they care about so many people and really want to help. They care about their parents' problems, their brothers' and sisters' problems, their relatives' problems, their friends' problems…there is a very long list of people they care about and want to be happy. And, unless they are careful, teenagers may overextend themselves in their desire to help, and end up not helping very much at all, and make themselves miserable in the process. Does this sound familiar?….*

- *Let's talk about a situation that many of you might find yourself in quite often. Let's say that you go home tonight and find your parent / sitting in front of a pile of bills, looking really sad and anxious. How do you think you would feel in response to this sight?…*(Invite a few examples…sad, bad, worried about her, wish I could get a job to help…etc.)

What can you do to show your support without trying to take over their job?

- Give them a hug.
- Do something thoughtful that shows you are thinking about them, like leaving them a card, doing something helpful without being asked, or polishing their shoes.
- Tell them you hope they feel better.
- Compliment them on things they are doing well.
- Reassure them that they've handled this in the past and that they can do it again.
- Encourage them to keep on trying.
- Use your listening skills and let them "get it off their chest."
- Reassure them that things will get better.
- Tell them you wish there was more that you could do to help.
- Work on something that **IS** your job. Do you think it would help a parent who is anxious and worried to feel a little better, for example, if you did your chores and your homework without being reminded? (This will give **them** something to remind themselves that everything is not going badly!)

General Guidelines for Parent

- Validate feelings
- Don’t take it personally, even if it is hard (i.e “I hate you mommy because you made daddy leave”)
- Be understanding of behavioral responses
- Avoid blaming / bad mouthing other parent
- Minimize change in environment and routine as much as possible, maintain family rituals

TALKING TO CHILDREN ABOUT VIOLENT INCIDENT

- Help them deal with reaction of abused parent
  - "this is difficult time for all of us; there will be times that you see me cry, or be angry; but I'm not angry with you, I love you very much , it's normal and o.k. to feel sad, or cry; I want you to feel free any time to tell me how you are feeling
- Avoid term like: "you have to be brave", "show everybody what a big girl you are", words not always necessary
- Involve child in active a role as possible in helping out during transition period
- "The intense, painful hurt will fade in a matter of months, but feelings about this will be stronger at some times than at others, it's o.k. to talk".

ALTERATIONS IN ATTENTION OR CONSCIOUSNESS

- Transient dissociative episodes
- Depersonalization/derealization
- Amnesia for traumatic events
- Persistent preoccupation with victimization experience

Managing the Moment

- Mindfulness
- SOS
- Safety Planning
- Learning to Distract & Self-Soothe

TREATMENT CONSIDERATIONS: Sharing the secret

- May revitalize anxiety, anger and behavioral symptoms
- "straight talk" (Peled) involves direct (not open-ended) questions about what happened
  - Open-ended questions tend to foster denial
- Disclosure must include:
  - even incidental impressions and associations; a review of fragmented impressions of trauma allows integration into a coherent event that can be consciously mastered
  - personal meaning and affect associated with the trauma- without affect disclosure is too removed to provide relief
  - the meaning of the violence in terms of child's sense of danger, helplessness, self-blame

AMBIVALENCE ABOUT THE ABUSER: THERAPEUTIC IMPLICATIONS

- Beware of blindly siding with child in his/her anger towards the perpetrator this is associated with other side of ambivalence going “underground”
- Be aware of child’s developmentally based difficulties with concept of ambivalence

HEALTH PROBLEMS IN FAMILIES WITH DOMESTIC VIOLENCE

- CHILDREN LIVING IN HOMES WITH DOMESTIC VIOLENCE USE HEALTH SERVICES SIX TO EIGHT TIMES MORE OFTEN THAN CONTROLS

- BATTERED WOMEN MORE LIKELY TO :
  - DEFINE THEIR HEALTH AS POOR
  - HAVE BEEN DIAGNOSED WITH STDs AND OTHER GYNECOLOGIC PROBLEMS
  - SAY THEY NEEDED MEDICAL CARE BUT DID NOT GET IT
  - HAVE TWICE THE NUMBER OF DAYS IN BED DUE TO ILLNESS THAN OTHER WOMEN

SYSTEMS OF MEANING

- Impact of trauma on religion and spirituality
- Finding in longitudinal study in Island of Hawaii that religion was one of the primary predictors of resilience
- Man's Search for Meaning

Focusing on positive changes is the norm

- Survey of college students that found main preoccupation in the 1950's was finding meaning; now it's making money
- Survey of 271 adolescent to young adult cancer survivors found that of 76% who viewed themselves as different, 69% saw these differences as positive
  - Survivors saw themselves as more mature, more likely to "know" the purpose of life treat others well

Cited in: Stuber, ML: Is PTSD a viable model for understanding responses to childhood cancer? (1998) Child and Adolescent Psychiatric Clinics of North America, 7:169-182

Shattered Assumptions and Meaning

- People tend to believe that the world is good place in which people and events are benevolent
- Most also believe that the "goodness" of an individual determines their lot in life
- People tend to view themselves as "good" competent, in control and unlikely to be vulnerable to trauma

- RESILIENCE

Early Intervention for Young at Risk Mothers

- 15 year follow up after nurse home visits
  - Significant decrease in child abuse/neglect
  - Significant increase in financial independence
  - Significant differences in the behavior of their adolescent children (arrests, drinking, drugs)

- Didn't help 1 in 5 of the participants

  Those living with chronic ongoing trauma & extreme stress

Eckenrode et al. (2000) JAMA

40 Developmental Assets
Promote Well-Being

- External
  - Support-in & out of home
  - Empowerment
    - Valued by the community
    - Opportunities to contribute to others
    - Need safety and security
  - Boundaries & Expectations
  - Constructive Use of Time
    - Creative activities/Youth programs
    - Congregational involvement
    - Quality time at home

Search-Institute.org/assets

40 Developmental Assets
Promote Well-Being

- Internal
  - Commitment to Learning
  - Positive Values
  - Socially Competent
    - Building relationships
    - Good problem solving skills
  - Positive Identity
    - Sense of power, worth and promise

Search-Institute.org/assets

Assets & High Risk Behaviors:

Based on Surveys of Over 217,000 6th- to 12th-grade Youth in 318 Communities and 33 States During the 1999-2000 School Year.

Number of Assets:	0-10	11-20	21-30	31-40
Alcohol	49	27	11	3
Violence	61	38	19	7
Drugs	39	18	6	1
Sex	32	21	11	3

Assets & Positive Behaviors:

Based on Surveys of Over 217,000 6th- to 12th-grade Youth in 318 Communities and 33 States During the 1999-2000 School Year.

Number of Assets:	0-10	11-20	21-30	31-40
Exhibits Leadership	50	65	77	85
Good Health	26	47	69	89
Values Diversity	36	57	74	88
School Success	8	17	30	47

Enhancing Resiliency

- Building Relationships
  - Building Social Support & Trust
  - Interpersonal Effectiveness
  - Problems Not My Job to Fix
- Building Mastery & Positive Experiences
- Meaning Making & Reframing

Who's Around to Help

- Receiving Support & Trust
  - Wahler's studies of socially isolated abusive mothers
  - Studies of mentors
  - Adolescent mothers who experience support from mentor AND/OR parents experience:
    - Lower parenting stress
    - Lower levels of depression
    - More positive expectations of their children
- Giving Support—making a contribution
  - Overburdening vs. required helpfulness
  - Great Depression
  - Hawaii Study

Enhancing Resiliency

- Building Mastery & Positive Experiences

Building Mastery & Positive Experiences

- Knowing what is important & what isn't
  - Story of field trials & children with cancer
- Attending to positive affect
- Savoring
- Helping to identify accomplishments

Expectations

- High Expectations
- Hans/Pygmalion
  - Study of career aspirations in sexually abused girls
  - Outcome in students who had a teacher who thought he was teaching a gifted class

Instilling Active vs. Passive Style in Children

- Children asked to complete unsolvable puzzles in the presence of their mothers. Some children rise to the challenge. They respond to this impossible task by becoming energized rather then frustrated.
  - Redouble their efforts. In response to frustration
  - Maintain high expectations for future success.
- Another group of children exhibit a pattern characterized by pervasive helplessness
  - Easily discouraged
  - Irritable
  - Attribute their failure to forces over which they have no control and are pessimistic about their chances of solving similar puzzles in the future.

How does the parenting style of the parents of the motivated and helpless children differ?

- When faced with statements such as "I can't do it", mothers of the highly motivated children respond with:
  - reassurance
  - belief in their child's abilities
  - suggestions for trying a different approach.
- The mothers of the unmotivated children:
  - make critical comments about their children's competence
  - Suggest that their child give up or move on to the next puzzle.

Making Meaning: Children

- Finding the silver lining in a negative situation enables the person to integrate what was a traumatic experience in to his or her existing identity and world view, to refocus on the positive, and to begin to once again be future, rather than past, oriented.
- The therapist can ask a series of questions: (Cohen & Manarino)
  - If you met another child who was going through a tough time, what would you want to tell them about what you have learned?
- What would you want them to know that might help them?
- If they thought therapy would be too hard, what would you say to them?

  What do you think about yourself now that you've gone through this?

- DISSEMINATION

Problems with Dissemination is the Norm

- Many families involved in the child welfare and foster care systems are not provided interventions with strong empirical support
  - E.g. service plans typically call for parent training – what is delivered, however, is often didactic classroom centered parent training that bears little resemblance to empirically proven parent interventions

(Barth, R., Landsverk, J. & Kohl, P. (2005) Parent-training programs in child welfare services: Planning for a more evidence based approach to serving biological parents. *Research on Social Work Practice*, 15, 353-371)

If Evidence Based Treatments Work: Why Aren't They Used More Often?

I: LACK OF CONSENSUS ON WHAT CONSTITUTES AN EBT

If it Works: Why Don't We Use It?:

- Even when EBT's are known to agencies there is no clear consensus on which treatments fall into this categories

Definitions of EBT's Vary: Evidence Based Rating Systems

- California Evidence-Based Clearinghouse
- Promising Practices Network
- OJJDP
- SAMSA-NCTSN
- DHHS
- Given the lack of consensus on what constitutes an EBT it is not surprising that clinicians provided with a comprehensive list of programs are not able to distinguish EBT's from non-EBT's

(Self-Brown, S, Whitaker, D., Berliner, L., & Kolko, D. (2012) Disseminating child maltreatment interventions: Research on implementing evidence-based programs. *Child Maltreatment*, 17, 5-10.)

II: Buy-in From Clinicians Impacts Utilization and Efficacy and Depends on their Prior Training and Treatment Philosophy

Clever Hans and Subtle Contributors to Therapeutic Outcomes

Invisible Communication to Clients

- Example of SPARCS site where mindfulness wasn’t working
- Clever Hans
- Priming Research

Most Practicing Clinicians Use Treatments that they Know aren't Empirically Validated

- In a national survey of 262 clinicians serving maltreated children in the United States researchers found that:
  1. The vast majority of clinicians are able to identify TF-CBT as an evidence based treatment but two-thirds were not able to identify any other ebt for abuse.

     (Allen, B., Gharagozloo, L. & Johnson, J. (2012) Clinician knowledge and utilization of empirically supported treatments for maltereated children. *Child Maltreatment*, 17, 11-21)

Lack of "Buy-in" - continued

2. 70% of clinicians reported frequently using non directive play therapy to treat the impact of abuse, an intervention unanimously endorsed by an expert panel of researchers as not possessing adequate empirical support for use with maltreated children
    1. This finding was in spite of the acknowledgment by the clinicians that empirical support for such treatment was lacking
3. The best predictive factor of the type of intervention used was the type of intervention in which one was trained.
    1. most did not receive training in graduate school for ebt's
    2. The eye sees only what the mind knows

“Drift”: Even Most Widely Used EBT is Used in Problematic Manner by Some Clinicians

- More than one third of trained clinicians using TF-CBT report not using core components of the training that is essential for efficacy
  - Survey of 132 clinicians in child advocacy centers 78% used TF-CBT, only 66% reported being likely to use each of the five components
  - Teaching relaxation skills and psychoeducation were most likely

Fidelity (continued)

- Developing a trauma narrative and cognitive restructuring- were less preferred

  (Allen, B. & Johnson, J. (2012) Utilization and implementation of trauma-focused CBT for the treatment of maltreated children. *Child Maltreatment,* 17, 80-85)

- Removing the trauma narrative and cognitive restructuring has been found to make TF-CBT less effective as a treatment

  (Deblinger, E., Mannarino, A. Cohen, J. (2011) Trauma-focused cbt for children: Impact of the trauma narrative and treatment length. *Depression and Anxiety*, 28, 67-75.)

- Clinicians with CBT orientation more likely to adhere to the full treatment protocol

III: Barriers to Implementation Because of Systemic Issues: Insights from Research on the Psychology of Change and Neuroethics:

Change and Habit: The Need to Ritualize Behavioral Change

- Research on changing after attending seminars, continuing ed. Etc found three groups
  - No sustained change
  - Change that over time goes back to baseline
  - Change that over time regresses but never goes back to baseline
- Key difference predicting group three is making the change a habit

Research on Barriers to Implementation of EBT's

- Fit of program with ongoing duties
  - Not being integrated with caseload and other ongoing duties including time to prepare for sessions and time for supervision and paperwork
  - Finding in AF-CBT study that regulatory changes, changes in agency leadership and supervisory staff coupled with increased productivity demands and fewer supportive resources are associated with poorer client outcomes

    (Kolko et al. (2012) Implementation of AF-CBT by community practitioners serving child welfare and mental health: A randomized trial. *Child Maltreatment,* 17, 32-46)

Working in a Climate With Increasing Demand for Direct Client Work and Lessened Support

- Stress and zone of comfort- tendency towards confirmation bias when time is scarce and demands of agency are great
  - Under threat we are less open to new ideas
  - We are more likely to focus on details rather than see the whole picture

Aligning Gap Between Want And Should Self: Insights from "Neuroethics"

- There is a tendency to underestimate how difficult it is to change in the heat of the moment. There are two "systems" that govern our decision making. The rational part of ourselves that is made up of our existing values and beliefs about how best to help clients
- This part of us is reflective, conscious and deliberate. It is this system of thought that dominates before and after a morally ambiguous event in our lives.

(Bazerman, M. & Tenbrunsel, A. (2011) Blind Spots: Why We Fail To Do What's Right And What To Do About It, Princeton University Press}

Reasoning "During" is Very Different than Before and After

- Working in chronically stressful settings we are dominated by a far more emotional and rapidly moving set of unconscious processes that is typically driven by what comes easiest in getting the job done
- While this system is silent when we are formulating our rational approaches to logical situations it takes over when we are in the heat of the actual decision making process.
- Example of tendency to agree to a commitment that is months away but then to view it very differently when faced with the reality

Emotional Processing "During" Challenging Events

- When facing challenging situations we tend to:
  - See the trees rather than the forest
  - Details rather than abstract principals
  - Make quick decisions based on immediate feelings rather than calculated thought
- This visceral response system tends to promote **ethical fading**

Before: The Inner Deliberate Voice

- When the prefontal cortex is in charge our thinking tends to be:
  - Slower
  - Conscious
  - Effortful
  - Explicit
  - More logical
- Anytime we weigh the costs and benefits of alternative courses of action in a systematic and organized manner we are engaged in this type of thinking

Power Of Clarity of Goals in Changing Culture

- Research on crucial role of focus on core goals
- The three questions

Training Models for EBT’s

Therapist Training for EBT's: What Works?

- Initial training works best with active learning strategies that include non-frontal instruction techniques such as:
  - Modeling by trainers
  - Role-plays (those showing competence maintain greater fidelity to treatment model over time)
  - Building self-efficacy
  - Interaction among learners
- Ongoing supervision and consultation with field work
  - Such ongoing support is associated with greater job retention over three years

Sanders, M., & Turner, K. (2005) Reflections on the challenges of effective dissemination of behavioral family intervention. *Child and Adolescent Mental Health,* 10, 158-169.

Barriers (continued)

- Provider self-confidence after training
- Availability of post-training supervisory support
- Perceived benefit of intervention

Shapiro, C., Prinz, R. & Sanders, M. (2012) Facilitators and barriers to implementation of an evidence-based parenting program to prevent child maltreatment. *Child Maltreatment,* 17, 86-95.

Implementation Challenges: Agencies & Designers

- Staff turnover
- Frustration with evaluation model
  - Clinicians not chosen to be trained
  - Working with other therapists involved
  - fostering partnerships/clarifying roles between mental health & SOC agencies

Implementation Challenges: Children & Families

- Multiple care providers
  - pre-existing relationships compromised
  - additional responsibility & time commitment
- Engaging caregivers

  -difficulty getting parents involved or invested in treatment

  -traumatized caregivers not ready to deal with issues in treatment

Provider Experiences: Successes

- Improved clinical functioning for children
- Reaching children & improving their quality of life
- Clinicians learn Evidence-Based Practices
- Privilege to consult with designers/experts
- Expanded agency clinical expertise
- Some agency's referrals increased
- Internal mental health partners—easier to collaborate
- External mental health partners—built new relationships

More Successes

- Children feel good about task completion
  - Feeling close to clinician
  - Safe, supportive place for children to share their trauma narrative
  - group
- Designers' willingness to adapt models to fit child welfare needs
- Enriching & expanding clinicians, agencies & departmental knowledge of trauma