



2017-2022 Trauma and Recovery Project (TARP) EXECUTIVE SUMMARY

Introduction

According to the American Psychological Association, an estimated 20 million of our nation's young people can currently be diagnosed with a mental health disorder. According to the U.S. Department of Health and Human Services, 1 in 5 U.S. children ages 3-17 has a mental, emotional, behavioral, or developmental disorder.

The Trauma and Recovery Project (**TARP**) was a 5-year Substance Abuse and Mental Health Services Administration funded initiative that aimed to increase the availability and accessibility of trauma-responsive treatments for children and families in southeastern Wisconsin. This was accomplished by screening and assessing children for trauma, increasing the pool of clinicians trained in evidence-based practices, and increasing the number of children and caregivers that receive appropriate and trauma-responsive services.

Over the years of the grant, our TARP team encountered barriers and successes along the way. This report seeks to discuss these elements, and highlight the experiences of the therapists who participated in the grant, and discuss future proposals for similar projects.

TARP TEAM



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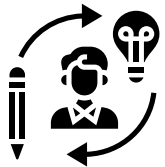
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Screening & Assessment

In order to find the children in need of services for trauma and mental health, the **TARP** team worked to increase the number of children screened for these needs with Trauma Focused Cognitive Behavioral Therapy (**TF-CBT**), Child Parent Psychotherapy (**CPP**), or Parent Child Interaction Therapy (**PCIT**) Screening Tools. These children would arrive at Children's Wisconsin through a variety of avenues, including referral from a pediatrician, a call in from a parent seeking services, or child welfare referrals. When COVID hit, we saw a dramatic increase in the number of children being screened for trauma and mental health services, with **5,153** children screened for trauma and mental health needs. This incredible feat was accomplished even after the onset of COVID-19 in March 2020.

Barriers

- Children's clinicians were forced to move all screening appointments to a virtual sitting immediately, and adapt their practice to the unknowns and logistical complications of the pandemic.
- During this time we saw a dramatic increase in waitlists for mental health services, as parents sought help for their children who were struggling with social isolation, loss of family members, and disruptions to their daily stability.

Successes

- Clinicians reported a sense of empathy and united human experience, as they themselves dealt with the trauma of the pandemic, while assessing their families
- Clinician's and administrative staff were able to quickly and effectively adapt to accepting a large number of new referrals, by way of telehealth services



5,153

children were screened for trauma and mental health needs by Children's Wisconsin clinicians between 2017-2022



Clinicians Trained

In order to increase access to evidence-based treatments for Milwaukee area families and statewide, a principal effort was made to increase the number of clinicians in the mental health and related workforce trained in mental health-related practices.

When clinicians were asked what led them to seek trainings in the Evidence-Based Treatments provided by the grant, (**PCIT, TF-CBT, CPP**), main themes included the need for trainings focused on addressing trauma, and the credibility and standard of evidence-based treatments.

Barriers

- Sending clinicians to rigorous trainings for evidence-based services can result in lost productivity for that time, as well as the subsequent necessary consultation time required to implement these models to fidelity. Clinicians felt they were providing best care, but felt pressure from leaders to prioritize productivity standards over the requirements of an evidenced-based treatment training year.
- Training in evidence based treatments are rigorous, and at times, burdensome to trainees for various reasons. As COVID-19 hit about halfway through the five-year grant, clinicians and agencies scrambled to both meet the professional development needs of their therapists, and the increasing mental health needs of children statewide.

Successes

- Our TARP grant offered three different modalities in which clinicians could be trained, which gave variety and choice, and was honored by Children’s leaders.
- Successfully exiting families from mental services in a timely manner is a priority at Children’s, and PCIT is a model in which graduation occurs an average of 12-16 weeks after beginning treatment, considerably shorter than many other modalities
- Evidence-Based Treatments also have a higher reimbursement rate potential, which makes the return on investment more achievable for leadership within Children’s Wisconsin mental health departments.
- COVID-19 made it necessary for agencies to quickly develop virtual therapy options for families, and virtual training options for clinicians. Trainers on the TARP team were able to successfully design and implement virtual trainings within months of COVID-19’s arrival, an incredibly burdensome task, which included shifts in all training processes, materials, and consultation to a virtual format.

“Becoming more competent in an EBT (evidence based treatment) for trauma was a high priority to me in order to address the unique needs of the populations that I currently work with.”



541

clinicians were trained in an evidence-based model,

200

of them serving clients in Milwaukee and Racine.



Implementation

The final measurable focal point of the grant, after identifying the need, and training clinicians in evidence based treatments, was to increase the number of children receiving evidence-based mental health-related services.

Barriers

- EBT's are highly structured and rigorous. Clinicians found that this accountability to fidelity could be difficult for families who are experiencing acute stressors, and at times resulted in inconsistent attendance.
- A much higher number of children were screened and assessed for trauma than were provided services, which is worth examining for future grants.
- Therapists consistently reported that productivity restrictions made it difficult to adhere to the fidelity of an evidence-based model, which requires additional preparation and consultation to be implemented correctly and for best results for families.

Benefits

- **495** children were provided an EBT, other children were provided generalized treatment, or may not have qualified for an EBT





Plans for the Future

The Trauma and Recovery Project gave mental health clinicians at Children's Wisconsin an opportunity to be trained at no cost in gold standard models for treating mental health in children. It came at a perfect time, when a worldwide pandemic led to an intense need for mental health services for children, which led to massive waitlists for services. COVID also introduced significant barriers to screening, assessing, training clinicians, and providing services, many which were overcome by skilled clinicians and trainers at Children's Wisconsin.

In evaluating the results of the grant, our TARP team has seen telehealth services designed during COVID are in many ways sustained at Children's. Trauma screening is an integral part of the assessment process at Children's, and in the future, it will be important to compare the number of children screened to the number of children ultimately provided services by trained clinicians, and to identify any gaps in this process. Finally, the team identified vast future potential for further training for clinicians in evidence-based treatments as indicated based on clinician and leader feedback.

Trauma and Recovery Project -Lessons Learned and Future Plans Children's Therapists

How likely would you be to seek out further trainings in Evidence-Based Treatments? What do you need to be able to provide Evidence-Based Treatments?

Answered: 23 Skipped: 0

