



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

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 details these elements, includes qualitative data from the therapists whose training was funded by the grant, and offers lessons learned for future proposals with similar goals.

TARP TEAM



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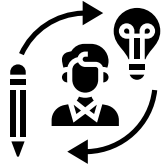
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Screening & Assessment

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.

5,153

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

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
- Clinicians and administrative staff were able to quickly and effectively adapt to accepting a large number of new referrals, by way of telehealth services





Clinicians Trained

To increase families' access to evidence-based treatments (EBT's), ICFW pursued increasing 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.



541

clinicians in Wisconsin were trained in an evidence-based treatment through TARP

200

of those serve clients in **Milwaukee** and **Racine** counties



Becoming more competent in an EBT (evidence based treatment) for trauma was a high priority to me. -Children's Wisconsin Clinician trained through TARP



Barriers

- The time required to implement models to fidelity conflicts with the pressure felt from leaders to prioritize productivity standards over the requirements of an evidenced-based treatment including the consultation time needed during a training year.
- Shifting all training processes, materials and consultation to a virtual format was time consuming. 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

- Grant offered three different modalities from which clinicians could choose from, 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 and TFCBT are shown to be effective in 12-16 weeks, considerably shorter than many other treatments.
- EBT's have a higher reimbursement rate potential, which aids return on investment for organization administration.
- TARP trainers helped Children's Wisconsin Mental and Behavioral Health respond to COVID-19 implications on practice. The TARP team helped design, test, deliver and evaluate virtual trainings with only a few weeks delay, in part due to varying locations of trainers in such a variety of EBT's.



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

- Documenting to fidelity in PCIT and CPP may be cumbersome to clinicians.
- Families experiencing acute stress struggle to maintain treatment attendance which impacts treatment effect.
- 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 evidence-based model and training best practices.

Benefits

- 495 children received an EBT by TARP-trained clinicians after trauma screening
- Dozens and dozens more engaged in treatments outside of the three treatments scaled after trauma screening



“My clients put so much trust into me to assist in increasing their mental health, I want to ensure I am practicing with the most effective, evidence-based treatment protocols.”



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 children’s mental health. 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.

Lessons Learned and Future Plans

In evaluating the results of the grant, several systems-level lessons surfaced:

- Early adoption of technology strongly assisted scaling EBT’s at Children’s Wisconsin. In 2017, TARP trained clinicians were using Zoom before other clinicians in MBH to learn and train. In many ways, telehealth services designed during COVID are still sustained at Children’s.
- Trauma screening is now a standardized part of the assessment process at Children’s.
- Number of trauma screenings, number of clinicians trained and number of children served are all separate outcomes.
- To increase access to mental health care, funding levels should seek to mitigate barriers mentioned above.
- Future plans should include refining the screen to treatment process.
- The TARP team found huge interest in EBT training from clinicians and leaders.

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

