News You Can Use…

about Hot Trauma Mental Health Research: The Next Generation

APSAC July 2021

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NCTSN The National Child Traumatic Stress Network

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Introductions: Who we are

Structure of our Session:
4 Themes

2

Theme 1: Trends and a Snapshot

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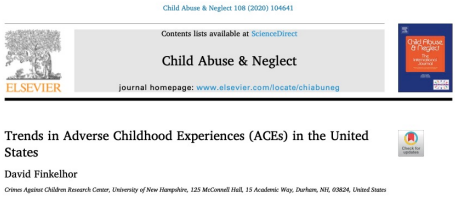
Trends: ACEs Pre-Pandemic



Child Abuse & Neglect 108 (2020) 104641

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Trends in Adverse Childhood Experiences (ACEs) in the United States

David Finkelhor

Crimes Against Children Research Center, University of New Hampshire, 125 McConnell Hall, 15 Academic Way, Durham, NH, 03824, United States

- Review of trends for 15 ACEs
- 1900s (some) – 2020
- 20% change over time period
- Little data on group difs
- US still compares poorly to developed countries

Declines

- Before 2000: multi-decade declines in parental death, parental illness, sibling death, and poverty
- 21st century: parental illness, sibling death, exposure to domestic violence, childhood poverty, parental divorce, serious childhood illness, physical abuse, sexual abuse, physical and emotional bullying and exposure to community violence.

Increases

- Before 2000: multi-decade increases in parental divorce, parental drug abuse and parental incarceration
- 21st century: parental alcohol and drug abuse

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Trends in BH Service Use Pre-Pandemic

Research

JAMA Psychiatry | Original Investigation

National Trends in Mental Health Care for US Adolescents

Ramin Mojtabai, MD, PhD, MPH; Mark Olfson, MD, MPH

- Total 230,070 adolescents (12 to 17 yrs) 2005--2018. Administered x7 during the period
- Rate of receipt of mental health care was stable over time (~ 20% of all adolescents)
- Care ↑ for girls, White youth, private insurance
- Care ↓ for boys; for non-Hispanic Black youth; those on Medicaid/CHIP
- Care ↑ for internalizing problems (48% to 58%; suicidal thoughts/attempts 15% to 25%), school related problems
- Care ↓ for externalizing and relationship problems
- Settings:
  - ↑ in outpatient and inpatient settings
  - Stable but slightly ↓ for school-based

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Behavioral Health Tx Outcomes Pre-Pandemic

ARTICLE IN PRESS

Children and Youth Services Review xxx (xxxx) xxx

Contents lists available at ScienceDirect

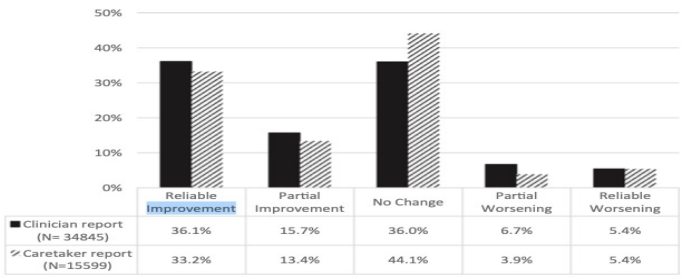
Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

Outcomes, evidence-based treatments, and disparities in a statewide outpatient children's behavioral health system

Jason M. Lang [a,c,f,*], Phyllis Lee [b], Christian M. Connell [c], Tim Marshall [d], Jeffrey J. Vanderploeg [a,e,g]

- Administrative data: 46,399 children, 25 outpatient clinics, state system, 2013 - 2017
- Outcome measure: reliable and valid measure of child problems
- Results: Medium overall treatment effect



Results:

- Close to ½ did not improve or deteriorated
- Overall
  - White children more likely to improve than Black or Hispanic children
  - 7-12 year-olds; females improved more
- Type of service differences
  - About ½ received CBT (per provider report)
  - 12% received a specific EBT
- Specific EBT (TF-CBT, MATCH) > CBT> no CBT
- EBTs reduced disparities in outcomes for Black and Hispanic children

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COVID-19/Mental Health

PEDIATRICS Volume 146, number 4, October 2020:

Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey Patrick et al., 2020

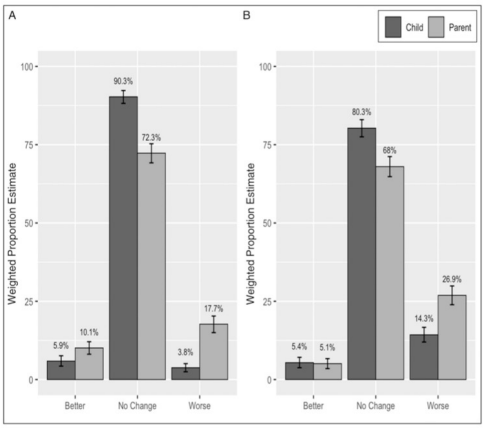

FIGURE 1
Parental physical and mental health and child physical and behavioral health changes since March 2020. A, Parental and child physical health changes. B, parental mental health and child behavioral health changes. Differences in health status between parents and children $P < .001$ by Rao-Scott corrected χ^2 test.

J Am Acad Child Adolesc Psychiatry 2021;60(4):513–523.

NEW RESEARCH

Change in Youth Mental Health During the COVID-19 Pandemic in a Majority Hispanic/Latinx US Sample

Francesca Penner, MA, Jessica Hernandez Ortiz, BS, Carla Sharp, PhD

- Survey of 322 young adolescents
- Baseline (Jan 2020) and 3 time points through June 2020
- Primarily Latinx sample/community in SW USA
- COVID-19 Impact
  - ½ reported caregivers lost work hours/job
  - ↑ financial concerns
  - 80% said caregivers helped them cope/manage stress
- MH Changes
  - High sx pre-pandemic: big ↓ in MH sx
  - Low sx pre-pandemic: smaller ↓ in MH sx
  - Family job loss not strongly associated with child MH
  - Family fn/support related to ↓ MH problems @ all pts
- Familism

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COVID-19/Suicide

Downloaded from www.aapp
PEDIATRICS Volume 147, number 4, April 2021:e2020039628

Pediatric Emergency Department Visits at US Children's Hospitals During the COVID-19 Pandemic

Amy M. DeLaroche, MBBS,[a] Jonathan Rodean, MPP,[b] Paul L. Aronson, MD, MHS,[c] Eric W. Fleegler, MD, MPH,[d] Todd A. Florin, MD, MSCE,[e] Monika Goyal, MD, MSCE,[f] Alexander W. Hirsch, MD,[g] Shobhit Jain, MD,[g] Aaron E. Kornblith, MD,[h] Marion R. Sills, MD, MPH,[i] Jordee M. Wells, MD, MPH,[j] Mark I. Neuman, MD, MPH[d]

- 27 children's hospital EDs
- March-August 2020 compared to same 3 yrs prior
- ED rates overall ↓ 46%
- MH-related visits ↓ 29%
- Suicidal ideation/attempts ↓ 4%

Morbidity and Mortality Weekly Report

Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021

Ellen Yard, PhD[1]; Lakshmi Radhakrishnan, MPH[2]; Michael F. Ballesteros, PhD[1]; Michael Sheppard, MS[2]; Abigail Gates, MSPH[2]; Zachary Stein, MPH[2]; Kathleen Hartnett, PhD[2]; Aaron Kite-Powell, MS[2]; Loren Rodgers, PhD[2]; Jennifer Adjemian, PhD[2]; Daniel C. Ehlman, ScD[1,2]; Kristin Holland, PhD[1]; Nimi Idaikkadar, MPH[1]; Asha Ivey-Stephenson, PhD[1]; Pedro Martinez, MPH[1]; Royal Law, PhD[1]; Deborah M. Stone ScD[1]

- Data from National Syndromic Surveillance Program (NSSP)
- Trends in ED visits for suicide (age 12-25)
- April 2020: ↓ ED visits
- May 2020: ↑ for girls
- July/Aug 2020: 26% ↑ for girls
- Feb/Mar 2021: 51% ↑ for girls

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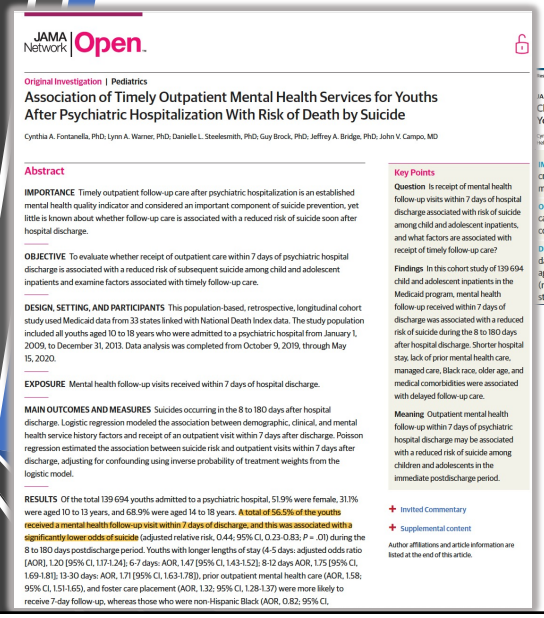
Clinical Quick Tip: Suicide Risk

- Make sure <u>all</u> youth have an in person MH visit within 7 days of discharge
- This decreases odds of suicide



JAMA Network Open.

Original Investigation | Pediatrics

Association of Timely Outpatient Mental Health Services for Youths After Psychiatric Hospitalization With Risk of Death by Suicide

Cynthia A. Fontanella, PhD; Lynn A. Warner, PhD; Danielle L. Steelesmith, PhD; Guy Brock, PhD; Jeffrey A. Bridge, PhD; John V. Campo, MD

Abstract

IMPORTANCE Timely outpatient follow-up care after psychiatric hospitalization is an established mental health quality indicator and considered an important component of suicide prevention, yet little is known about whether follow-up care is associated with a reduced risk of suicide soon after hospital discharge.

OBJECTIVE To evaluate whether receipt of outpatient care within 7 days of psychiatric hospital discharge is associated with a reduced risk of subsequent suicide among child and adolescent inpatients and examine factors associated with timely follow-up care.

DESIGN, SETTING, AND PARTICIPANTS This population-based, retrospective, longitudinal cohort study used Medicaid data from 33 states linked with National Death Index data. The study population included all youths aged 10 to 18 years who were admitted to a psychiatric hospital from January 1, 2009, to December 31, 2013. Data analysis was completed from October 9, 2019, through May 15, 2020.

EXPOSURE Mental health follow-up visits received within 7 days of hospital discharge.

MAIN OUTCOMES AND MEASURES Suicides occurring in the 8 to 180 days after hospital discharge. Logistic regression modeled the association between demographic, clinical, and mental health service history factors and receipt of an outpatient visit within 7 days after discharge. Poisson regression estimated the association between suicide risk and outpatient visits within 7 days after discharge, adjusting for confounding using inverse probability of treatment weights from the logistic model.

RESULTS Of the total 139 694 youths admitted to a psychiatric hospital, 51.9% were female, 31.1% were aged 10 to 13 years, and 68.9% were aged 14 to 18 years. A total of 56.5% of the youths received a mental health follow-up visit within 7 days of discharge, and this was associated with a significantly lower odds of suicide (adjusted relative risk, 0.44; 95% CI, 0.23-0.83; $P = .01$) during the 8 to 180 days postdischarge period. Youths with longer lengths of stay (4-5 days: adjusted odds ratio [AOR], 1.20 [95% CI, 1.17-1.24]; 6-7 days: AOR, 1.47 [95% CI, 1.43-1.52]; 8-12 days AOR, 1.75 [95% CI, 1.69-1.81]; 13-30 days: AOR, 1.71 [95% CI, 1.63-1.78]), prior outpatient mental health care (AOR, 1.58; 95% CI, 1.51-1.65), and foster care placement (AOR, 1.32; 95% CI, 1.28-1.37) were more likely to receive 7-day follow-up, whereas those who were non-Hispanic Black (AOR, 0.82; 95% CI,

Key Points

Question Is receipt of mental health follow-up visits within 7 days of hospital discharge associated with risk of suicide among child and adolescent inpatients, and what factors are associated with receipt of timely follow-up care?

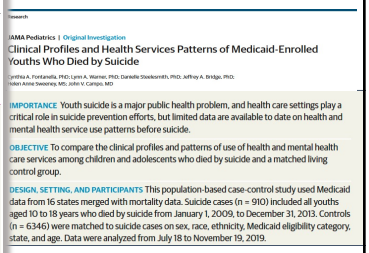
Findings In this cohort study of 139 694 child and adolescent inpatients in the Medicaid program, mental health follow-up received within 7 days of discharge was associated with a reduced risk of suicide during the 8 to 180 days after hospital discharge. Shorter hospital stay, lack of prior mental health care, managed care, Black race, older age, and medical comorbidities were associated with delayed follow-up care.

Meaning Outpatient mental health follow-up within 7 days of psychiatric hospital discharge may be associated with a reduced risk of suicide among children and adolescents in the immediate postdischarge period.

+ Invited Commentary
+ Supplemental content

Author affiliations and article information are listed at the end of this article.

Fontanella et al. Studies



JAMA Pediatrics | Original Investigation

Clinical Profiles and Health Services Patterns of Medicaid-Enrolled Youths Who Died by Suicide

IMPORTANCE Youth suicide is a major public health problem, and health care settings play a critical role in suicide prevention efforts, but limited data are available to date on health and mental health service use patterns before suicide.

OBJECTIVE To compare the clinical profiles and patterns of use of health and mental health care services among children and adolescents who died by suicide and a matched living control group.

DESIGN, SETTING, AND PARTICIPANTS This population-based case-control study used Medicaid data from 16 states merged with mortality data. Suicide cases (n = 910) included all youths aged 10 to 18 years who died by suicide from January 1, 2009, to December 31, 2013. Controls (n = 6346) were matched to suicide cases on sex, race, ethnicity, Medicaid eligibility category, state, and age. Data were analyzed from July 18 to November 19, 2019.

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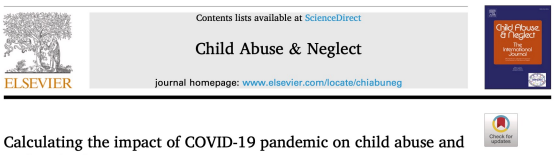
COVID-19 – Maltreatment/Violence



Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Calculating the impact of COVID-19 pandemic on child abuse and neglect in the U.S.

Loc H. Nguyen

- Admin CPS data from NYC, FL, NJ, WI
- Estimate "missed" reported cases/costs
- 4 areas:
  - 60,791 fewer CAN investigations
  - 18,540 prevention cases
- US Estimates
  - 623,137 missed investigations
  - 85,993 missed prevention cases
  - $48 billion

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

COVID-19 and violence against children: A review of early studies

Claudia Cappa *, Isabel Jijon

UNICEF, Data and Analytics Section, 3 UN Plaza, New York, NY 10017, USA

- Review of 48 studies from March-December 2020
- International; about ½ included US/Canada
- Overall Findings
  - Most focus on physical/psych violence at home
  - Most used administrative records
  - Heterogeneity in definitions/study designs
- Exposure to violence
  - ↓ in DV police reports/CPS referrals
  - Mixed results for 911 calls/DV helplines (US+)
  - ↑ child abuse injuries in hospitals
  - ↑ caregiver survey data about violence

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Theme 2: Resilience & Recovery

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Resilience: The Good News

ORIGINAL ARTICLE

Check for updates

Multisystem Resilience for Children and Youth in Disaster: Reflections in the Context of COVID-19

Ann S. Masten[1] · Frosso Motti-Stefanidi[2]

Published online: 25 June 2020
© Springer Nature Switzerland AG 2020

Abstract
In the context of rising disasters worldwide and the challenges of the COVID-19 pandemic, this commentary considers the implications of findings in resilience science on children and youth for disaster preparation and response. The multisystem challenges posed by disasters are illustrated by the COVID-19 pandemic. We discuss the significance of disasters in the history of resilience science and the emergence of a unifying systems definition of resilience. Principles of a multisystem perspective on resilience and major findings on what matters for young people in disasters are delineated with reference to the pandemic. Striking parallels are noted in the psychosocial resilience factors identified at the level of individual children, families, schools, and communities. These parallels suggest that adaptive capacities associated with resilience in these interacting systems reflect interconnected networks and processes that co-evolved and may operate in concert. As resilience science moves toward integrated theory, knowledge, and applications in practice, particularly in disaster risk reduction and resilience promotion, more focus will be needed on multisystem and multidisciplinary research, communication, training, and planning

Resilience

the capacity of a dynamic system to adapt successfully to challenges that threaten the function, survival, or development of the system.

Masten, 2018

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Treatment focus?

Resilience: Common Resilience Factors

Table 1 Parallel psychosocial resilience factors in human systems at the level of individual, family, school, and community

Individual children or youth	Family	School	Community
Nurturing and sensitive caregivers	Nurturing by family, care of vulnerable members	Nurturing by school community, disability services	Social capital, care of vulnerable members
Close relationships, trust, belonging	Close relationships, trust, belonging, cohesion	Close relationships, trust, belonging, cohesion	Social connections, trust, belonging, cohesion
Self-regulation, executive function skills	Skilled family management	Skilled school leadership	Skilled governance, collective efficacy
Agency; active coping	Active coping	Active coping	Community action
Problem-solving and planning	Family problem-solving and planning	School problem-solving and planning	Collaborative community problem-solving, planning
Hope, optimism	Hope, optimism	Hope, optimism	Hope, optimism
Sense of individual meaning and purpose	Sense of family meaning, purpose, family coherence	Sense of school meaning, purpose, and coherence	Sense of community meaning, purpose, and coherence
Positive views of self, self-efficacy	Positive views of family	Positive views of school	Positive views of community
Positive habits, routines	Family routines, traditions, celebrations	School routines, traditions, celebrations	Community routines, traditions, celebrations

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DEVELOPMENTAL CONSIDERATIONS

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Resilience Spotlight: Parental warmth

European Child & Adolescent Psychiatry (2020) 29:467–477
https://doi.org/10.1007/s00787-019-01348-y

Child mental health and resilience in the context of socioeconomic disadvantage: results from the Born in Bradford cohort study

Natalie Kirby[1,2] · Barry Wright[1,3] · Victoria Allgar[1]

Received: 17 July 2018 / Accepted: 3 April 2019 / Published online: 26 June 2019
© The Author(s) 2019

Abstract
Socioeconomic disadvantage has been linked to mental health difficulties in children and adolescents, although many children appear to do well despite exposure to financial adversity in childhood. Our study looked at the effects of family financial difficulty on children's mental health outcomes ($n = 636$) at 4–5 years in a multi-ethnic UK cohort, the Born in Bradford cohort. We considered potential parent and child variables promoting resilience in this population. Univariate linear regression was used to identify associations between family financial difficulty measured antenatally and child mental health difficulties measured by teacher-rated Strengths and Difficulties (SDQ) scores at 4–5 years. Hierarchical multivariate regression was used to test for potential moderating effects of parent and child factors. Mothers completed the General Health Questionnaire-28, Kessler-6 Questionnaire and questions related to parenting warmth, hostility and confidence. Parent-rated Infant Characteristic Questionnaires and teacher-rated Early Years Foundation Stage scores provided information on child temperament, literacy and physical development as potential moderators. Financial difficulty was associated with worse mental health outcomes in children. High parent warmth, high child literacy scores and physical development scores were all associated with positive child mental health outcomes at 4–5 years. In terms of protective effects, only maternal warmth was found to significantly moderate the relationship between financial difficulty and child mental health difficulties. The current study demonstrates that family financial difficulty is associated with poorer child mental health outcomes in a UK cohort of mothers and their

- Studied effects of family financial difficulty on children's mental health outcomes
  - Multi-ethnic UK cohort – N = 636
  - 4-5 year old children, parents and teacher data

Findings:

- Financial difficulty associated with worse mental health child outcomes
- High parental warmth, literacy and physical development scores associated with positive child MH outcomes
- MATERNAL WARMTH moderated the relationship between financial difficulty and child mental health difficulty

Interventions that increase WARM Parenting

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Socio—Ecological Predictors of Resilience Among Youth with Maltreatment History *Over Time*

- 771 Adolescents- Child Welfare Involved
- NSCAW: **18 month follow up**

What was associated with stable and continued resilient functioning over time?

- Younger age
- Better parent-child relationship quality,
- Neighborhood safety

What wasn't?

- Child Physical abuse, affiliation with deviant peers, receipt of behavioral services

Original Article

Socio-Ecological Predictors of Resilience Development Over Time Among Youth With a History of Maltreatment

Child Maltreatment
2021, Vol. 26(2) 162-171
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DOI: 10.1177/1077559520981151
journals.sagepub.com/home/cmx
SAGE

Susan Yoon[1], Kathryn Maguire-Jack[2], Jerica Knox[3], and Alexa Ploss[1]

Abstract
While there is a growing body of research examining resilient development in adolescents with a history of maltreatment, remains unclear whether youth resilient functioning changes over time and what factors predict such change. The current stud aimed to identify the socio-ecological predictors of the change in resilient functioning over time among adolescents with a histor of maltreatment. Multinomial logistic regression analyses were conducted with a sample of 771 adolescents drawn from th National Survey of Child and Adolescent Well-Being (NSCAW-II). Over 18 months, 23.2% of the adolescents remained in the les resilience group, 45.4% stayed in the greater resilience group, 17.4% moved from the greater resilience group to the less resilienc group, and 14.0% moved from the less resilience group to the greater resilience group. Younger age, better parent-chi relationship quality, and neighborhood safety were associated with stable and continued resilient functioning over tim Conversely, child physical abuse, affiliation with deviant peers, and receipt of behavioral services were negatively associate with continued resilience. Our findings suggest that interventions that support adolescents in building positive relationships wi their parents and peers may prevent a loss of resilience over time and ensure continued resilient functioning in child welfar involved adolescents.

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Resilience

OPINION Open Access

Mechanisms linking childhood trauma exposure and psychopathology: a transdiagnostic model of risk and resilience

Katie A. McLaughlin[1*], Natalie L. Colich[2], Alexandra M. Rodman[1] and David G. Weissman[1]

Abstract

Background: Transdiagnostic processes confer risk for multiple types of psychopathology and explain the co-occurrence of different disorders. For this reason, transdiagnostic processes provide ideal targets for early intervention and treatment. Childhood trauma exposure is associated with elevated risk for virtually all commonly occurring forms of psychopathology. We articulate a transdiagnostic model of the developmental mechanisms that explain the strong links between childhood trauma and psychopathology as well as protective factors that promote resilience against multiple forms of psychopathology.

Main body: We present a model of transdiagnostic mechanisms spanning three broad domains: social information processing, emotional processing, and accelerated biological aging. Changes in social information processing that prioritize threat-related information—such as heightened perceptual sensitivity to threat, misclassification of negative and neutral emotions as anger, and attention biases towards threat-related cues—have been consistently observed in children who have experienced trauma. Patterns of emotional processing common in children exposed

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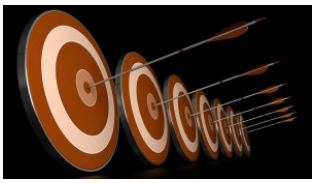
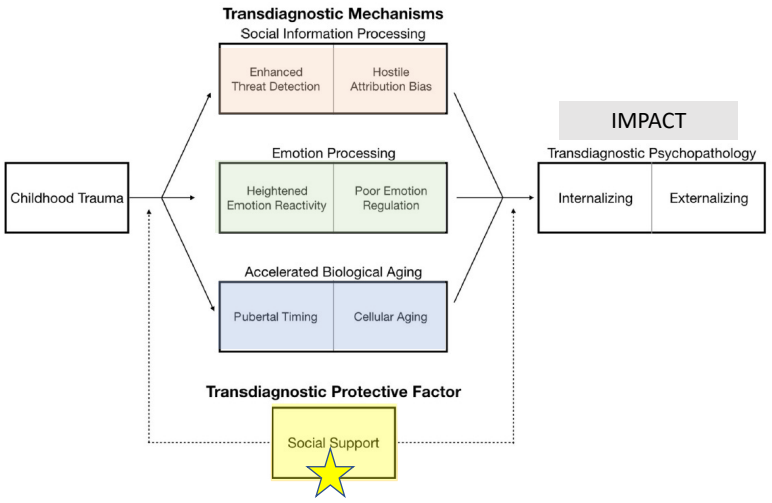
Resilience: Transdiagnostic Model





Understanding Mechanisms Guides **Treatment Targets** & Core Evidence-based Intervention Components/Techniques

- Threat Detection and Reappraisal
- Emotional Awareness and Regulation
- Connectedness – Social Support

McLaughlin et al. 2020

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Theme 3: Developments in the Treatment Area

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More Treatment: hours, day, or weeks – is not always better

< = >

POV:
- Once weekly tx
- More treatment

not always better

- Higher frequency may be more impactful
- Brief and Personalized

POINT OF VIEW

Retiring, Rethinking, and Reconstructing the Norm of Once-Weekly Psychotherapy

Jessica L. Schleider[1] · Mallory L. Dobias[1] · Michael C. Mullarkey[1] · Thomas Ollendick[2]

Accepted: 20 September 2020 / Published online: 28 September 2020
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Evidence-based psychotherapies hold clear potential to alleviate mental health problems (Cuijpers et al. 2020; Weisz et al. 2017), yet there is no scientifically-driven consensus for how *long* treatment should last (treatment *duration*, including total numbers of *hours* or *weeks* a treatment might last) or how *often* sessions should occur (treatment *frequency*). In practice, once-weekly therapy is the dominant outpatient service available to youths and adults alike, largely due to long-held beliefs and insurance companies' limiting reimbursable treatment-time to 50-min, weekly sessions. But ubiquity cannot be mistaken for clinical or practical superiority. Indeed, weekly hour-long therapy sessions are among numerous treatment structures that can help patients achieve clinical gains, with recent trials supporting the utility of brief, intensive, and concentrated treatments for widely-varying problem types (Dobias et al. 2020). Furquality assessment ensuring reliance of evidence-based approaches—remains the practical default.

Given limited accessibility of, and significant dropout from, weekly outpatient therapy (suggesting that many are unable to access treatment as it is routinely provided), and the established efficacy of alternative treatment formats (suggesting that treatment may be redesigned to improve accessibility without sacrificing clinical utility), we assert that it is our field's ethical obligation to retire and rebuild the longstanding "default" to once-weekly outpatient services.[1] To be clear, we do *not* endorse eliminating weekly psychotherapy as an option for patients; many once-weekly, evidence-based treatments, if delivered as intended, may benefit patients greatly. However, repositioning evidence-based weekly therapy as one of *many* treatment options, and improving the availability of additional, diverse evidence-

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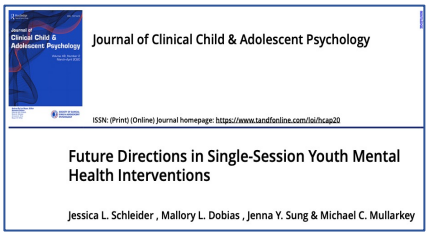
Single Session Interventions



Growth Mindset (GM) Intervention:

Computerized intervention designed to install the belief that personal traits are malleable through effort.

RCT females school-based GM-SSI v active control (teaching healthy sexual bx)

Improved self-reported depression sx, not social anxiety or conduct

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Longer is Not Always Better or Necessary

- RCT group school-based CBT for anxiety
- Compared standard (15 hours) and brief (5.5 hours) CBT to WL
- Clinical elements: exposure, cognitive restructuring, exposure practice
- Both treatment groups improved on anxiety symptom, parent reported anxiety impairment, depression symptoms

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Transdiagnostic Trials

JAMA Psychiatry | Original Investigation

Effectiveness of Transdiagnostic Cognitive-Behavioral Psychotherapy Compared With Management as Usual for Youth With Common Mental Health Problems
A Randomized Clinical Trial

Pia Jeppesen, MD, PhD; Rasmus Trap Wolf, MSc; Sabrina M. Nielsen, MSc; Robin Christensen, MSc, PhD; Kerstin Jessica Plessen, MD, PhD; Niels Bilenberg, MD, PhD; Per Hove Thomsen, MD, DrMed; Mikael Thastum, MSc, PhD; Simon-Peter Neumer, MSc, PhD; Louise Berg Puggaard, MSc, PhD; Mette Maria Agner Pedersen, MSc; Anne Katrine Pagsberg, MD, PhD; Wendy K. Silverman, MSc, PhD; Christoph U. Correll, MD

JAMA Network Open

Original Investigation | Psychiatry

Effect of Clinician Training in the Modular Approach to Therapy for Children vs Usual Care on Clinical Outcomes and Use of Empirically Supported Treatments
A Randomized Clinical Trial

Sally N. Merry, MD; Sarah Hopkins, PhD; Mathijs F. G. Lucassen, PhD; Karolina Stasiak, PhD; John R. Weisz, PhD; Christopher M. A. Frampton, PhD; Sarah Kate Bearman, PhD; Ana M. Ugueto, PhD; Jennifer Herren, PhD; Ainsleigh Cribb-Su'a, DClinPsy; Denise Kingi-Uluave, PGDDipClinPsych; Jik Loy, MBChB; Morgyn Hartdegen, BA(Hons); Sue Crengle, PhD

Journal of Clinical Child & Adolescent Psychology

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/hcap20

A Second and Third Look at FIRST: Testing Adaptations of A Principle-Guided Youth Psychotherapy

Evelyn Cho , Sarah Kate Bearman , Rebecca Woo , John R. Weisz & Kristin M. Hawley

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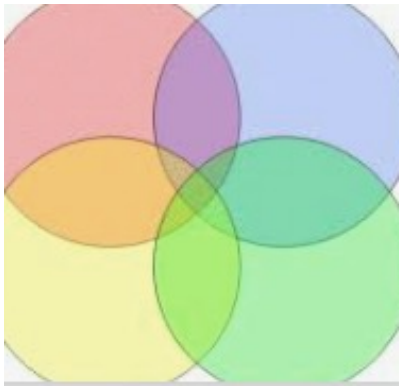
Transdiagnostic Approaches: Effective and Efficient

- More successful trials (Merry et al; Jepperson et al.; Weisz et al.)
- **EBP consistent content may account for outcomes** (Merry et al.)
  - Outcomes improved for both groups (MATCH, TAU)
  - MATCH v TAU no differences
  - TAU contained approximately equivalent % of EBT consistent clinical elements
- **Principle-based 6 session** (Cho et al.)
  - 2 open trials + clinician survey
  - Effective, acceptable, low-cost training



24

Cultural Tailoring – Targeting Interpersonal & Racial Trauma

- Offers guidance on approaches to integrating racial socialization—a culturally relevant and commonly practiced familial coping strategy—into *TF-CBT* to improve trauma-related outcomes among African American youth.

Original Article

Child Maltreatment
2021, Vol. 26(1) 17-27
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DOI: 10.1177/1077559520921457
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Healing Interpersonal and Racial Trauma: Integrating Racial Socialization Into Trauma-Focused Cognitive Behavioral Therapy for African American Youth

Isha W. Metzger[1], Riana Elyse Anderson[2], Funlola Are[3], and Tiarney Ritchwood[4]

Abstract
African American youth are more likely than their peers from other racial and ethnic groups to experience interpersonal traumas and traumatic racist and discriminatory encounters. Unfortunately, evidence-based trauma treatments have been less effective among these youth likely due to these treatments not being culturally tailored to address both interpersonal and racial trauma. In this article, we utilize the racial encounter coping appraisal and socialization theory to propose suggestions for adapting trauma-focused cognitive behavioral therapy—an evidence-based trauma treatment for children and adolescents—to include racial socialization or the process of transmitting culture, attitudes, and values to help youth overcome stressors associated with ethnic minority status. We conclude by discussing implications for the research and clinical community to best promote healing from both interpersonal and racial trauma for African American youth.

Keywords
child trauma, ethnic minority populations, sociocultural factors, treatment, cultural/ethnic issues

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RS/RECAST: TF-CBT Integration

Table 1. Racial Socialization Integration in TF-CBT via PRACTICE Stages.

PRACTICE Component		TF-CBT Focus	Cultural Considerations and RS Integration
PRAC: Coping skills	*P*sychoeducation and *p*arenting	Provide information to youth and caregiver about the prevalence of childhood trauma, common reactions to traumatic events, and the structure of TF-CBT	Inquire about cognitive and attitudinal barriers, beliefs about mental health, or prior experiences with mental health and provide corrective information as necessary. Introduce RS as a protective factor
	*R*elaxation	Provide client with additional skills to use in different environments to manage distress	Assess beliefs (e.g., having to work twice as hard) and how the child and family relax and cope with stress (e.g., prayers and spirituality)
	*A*ffective expression and modulation	Identify feelings and develop a vocabulary (behavioral, cognitive, problem-solving) to use outside and in sessions to regulate or tolerate distressing emotions	Identify feelings associated with previous experiences with racial discrimination. Provide strategies to acknowledge the racial stressor by accurately appraising the source of affective change
	*C*ognitive coping	Teach cognitive triangle as the association between thoughts (about trauma, self, world, family, and future), feelings, and behaviors	Process and role-play techniques that teach children how to behave in hypothetical situations (e.g., when pulled over by police officers, followed by an employee)
T: Trauma narrative and processing	*T*rauma narration and processing	Exposure to trauma-related memories that the client avoids or cause distress (intrusive thoughts, nightmares); identify unhelpful or inaccurate (e.g., self-blame) cognitions that need to be processed; put traumatic exposure into context (other good things, future hopes); share the narrative with family members as appropriate	Assess the child's/caregiver's understanding of cultural norms around trauma narratives/"not telling family business" or "having our business out in the street"; consider culturally relevant forms of communication including fables with morals, creating a song, rap, and poem
ICE: Treatment consolidation	*I*n vivo exposure	Separate harmless trauma reminders or triggers from fear (learned anxiety response); exposure to trauma-	Allow clients the opportunity to practice skills that will reduce negative cognitions, emotions,

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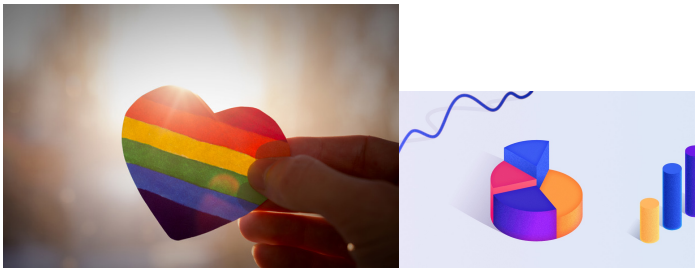
Theme 4: Measurement/Treatment Implementation and Delivery

photo credit: Reynolds.k12.or.us



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American Journal of
Preventive Medicine

CURRENT ISSUES

Inside the Adverse Childhood Experience Score:
Strengths, Limitations, and Misapplications

Robert F. Anda, MD, MS,[1] Laura E. Porter, BA,[2] David W. Brown, DSc, MScPH, MSc[3]

risk; thus, the ACE score is not suitable for screening individuals and assigning risk for use in decision making about need for services or treatment. Researchers are actively working to modify, improve, and expand the set

dence scaffolds it. The ACE questionnaire was designed to research—not screen—the relationship between childhood adversities and health and social outcomes. There

Inferences about an individual's risk for health or social problems should not be made based upon an ACE score, and no arbitrary ACE score, or range of scores, should be designated as a cut point for decision making or used to infer knowledge about individual risk for health outcomes.

Adversity and Resilience Science (2020) 1:65–79
https://doi.org/10.1007/s42844-020-00004-8

ORIGINAL ARTICLE

Screening for Childhood Adversity: Contemporary
and Recommendations

Jessica Dym Bartlett[1]

JAMA Pediatrics | Original Investigation

Population vs Individual Prediction of Poor Health
From Results of Adverse Childhood Experiences Screening

Jessie R. Baldwin, PhD; Avshalom Caspi, PhD; Alan J. Meehan, PhD; Antony Ambler, MSc; Louise Arseneault, PhD;
Helen L. Fisher, PhD; HonaLee Harrington, BA; Timothy Matthews, PhD; Candice L. Odgers, PhD;
Richie Poulton, PhD; Sandhya Ramrakha, PhD; Terrie E. Moffitt, PhD; Andrea Danese, MD, PhD

CONCLUSIONS AND RELEVANCE This study suggests that, although ACE scores can forecast mean group differences in health, they have poor accuracy in predicting an individual's risk of later health problems. Therefore, targeting interventions based on ACE screening is likely to be ineffective in preventing poor health outcomes.

Invited Commentary

Screening for Traumatic Childhood Experiences in Health Care Settings

David Finkelhor, PhD; Lucy Berliner, MSW

Evidence does not support using the ACE questionnaire as an individual screening tool

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REVIEW

Check for updates

Systematic Review and Meta-analysis: Outcomes of Routine Specialist Mental Health Care for Young People With Depression and/or Anxiety

Holly Alice Bear, MSc, Julian Edbrooke-Childs, PhD, Sam Norton, PhD, Karolin Rose Krause, MSc, Miranda Wolpert, PsychD

- 38 studies with 11,739 treated youth
- **38% reliable improvement,** 44% no reliable change, 6% reliable deterioration
- Clinicians reported better outcomes than youth/caregivers
- Better outcomes for depression than anxiety

Most children receiving treatment for anxiety/depression did not reliably improve

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Original Article

Risk Factors for Attrition From Pediatric Trauma-Focused Treatment

Child Maltreatment
2020, Vol. 25(2) 172-181
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DOI: 10.1177/1077559519874406
journals.sagepub.com/home/cmx
SAGE

Rachel Wamser-Nanney[1]

Abstract
Rates of attrition from pediatric trauma-focused treatments are high, yet few studies have examined predictors of dropout. The aim of the study was to investigate whether higher levels of caregiver- and child-reported pretreatment difficulties predicted attrition from trauma-focused therapy. One hundred seventy-two children aged 6–18 ($M = 10.53$, $SD = 3.36$; 64% female, 64% Black) and their caregivers were included in the study. Two operational definitions of attrition were utilized: (1) clinician-rated dropout and (2) whether the child received an adequate dose of treatment (i.e., 12 or more sessions). Rates of clinician-rated attrition were high (76.2%); however, 73.8% received an adequate dose. Despite expectations, higher levels of rule-breaking and aggressive behavior were related to clinician-rated dropout ($d = 0.59, .63$, respectively) but were not significant predictors in a logistic regression model. Child-reported symptoms were unrelated to clinician-rated attrition. Higher levels of caregiver-reported anxiety/depression, somatic complaints, and trauma-related difficulties corresponded with adequate dose ($ds = 0.52–1.06$). Yet only caregiver-reported sexual concerns predicted adequate dose in a regression model ($OR = 1.09$). Caregiver- and child-reported symptoms may be unrelated to clinician-rated treatment completion and appear to play a small role in understanding whether the child received an adequate dose of treatment.

Keywords
attrition, trauma-focused therapy, adequate dose, PTSD, children and adolescents

- 172 children seeking trauma treatment at a CAC
- How do we define treatment "completer"?
  - Clinician report: 26%
  - Sufficient dose (12+): 76%

Child demographics and baseline symptoms are generally NOT related to trauma treatment attrition

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American Psychologist

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http://dx.doi.org/10.1037/amp0000691

Listen, Don't Tell: Partnership and Adaptation to Implement Trauma-Focused Cognitive Behavioral Therapy in Low-Resourced Settings

Rosaura Orengo-Aguayo and Regan W. Stewart
Medical University of South Carolina

Bianca T. Villalobos and Juventino Hernandez Rodriguez
University of Texas Rio Grande Valley

Aubrey R. Dueweke and Michael A. de Arellano
Medical University of South Carolina

John Young
University of Mississippi

Clinical psychological science has developed many efficacious treatments for diverse emotional and behavioral difficulties encountered by children and adolescents, although randomized trials investigating these treatments have disproportionally been conducted by American, university-based research labs. The subsection of the world population involved in these studies, however, represents very few people among those in need of psychological services whose voices, perspectives, and orientations to therapy have not generally been reflected in well-funded research trials. Dissemination and implementation of evidence-based services designed to meet the needs of this broader global population, therefore, may require cultural and contextual adaptation to be successful. The current article describes the implementation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in 3 separate low-resourced settings (rural South Carolina, Puerto Rico, and El Salvador) utilizing the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework and guided by a community-based participatory research framework. Emphasis is placed on description of program development, building collaborative and responsive partnerships, and the use of implementation strategies to guide continuous quality improvement. Program evaluation data comparing baseline to posttreatment trauma symptoms and treatment completion rates for all sites are also presented, which suggests that treatment was associated with a large reduction in symptoms, exceeding that noted in many TF-CBT randomized trials. The implications of attention to context, adaptation, and methods of building partnerships with global communities are discussed, with a particular focus on propelling more refined models and controlled studies in the future.

- Telehealth TF-CBT in South Carolina
- School-based TF-CBT in Puerto Rico after hurricane Maria
- TF-CBT in El Salvador
- Adaptations (language, culture, training, session length)
- Very large effect sizes
- Smaller scale demonstrations

EBTs can be adapted with participatory process in low resource settings – can't we do this, too?

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http://dx.doi.org/10.1037/ccp000053

Clinician Training, Then What? Randomized Clinical Trial of Child STEPs Psychotherapy Using Lower-Cost Implementation Supports With Versus Without Expert Consultation

John R. Weisz
Harvard University

Kristel Thomassin
University of Guelph

Jacqueline Hersh
Appalachian State University

Lauren C. Santucci
Harvard University

Heather A. MacPherson

Gabriela M. Rodriguez

- MATCH modular treatment
- 42 clinicians randomized to training or training + consultation
- "low cost supports" to both groups
  - Included MBC system
- Expert consultation
  - ~2 clinicians/call X 14 calls

Expert clinical consultation after EBT training generally did NOT improve therapist competency or child outcomes (but improved adherence)

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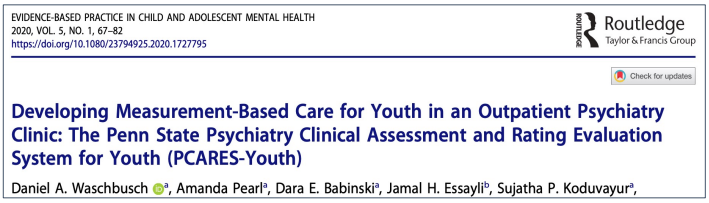


EVIDENCE-BASED PRACTICE IN CHILD AND ADOLESCENT MENTAL HEALTH
2020, VOL. 5, NO. 1, 67–82
https://doi.org/10.1080/23794925.2020.1727795

Routledge Taylor & Francis Group

Check for updates

Developing Measurement-Based Care for Youth in an Outpatient Psychiatry Clinic: The Penn State Psychiatry Clinical Assessment and Rating Evaluation System for Youth (PCARES-Youth)

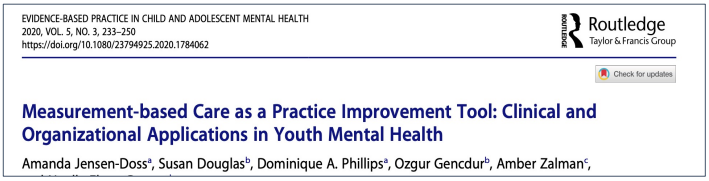
Daniel A. Waschbusch[a], Amanda Pearl[a], Dara E. Babinski[a], Jamal H. Essayli[b], Sujatha P. Koduvayur[a],

Administration and Policy in Mental Health and Mental Health Services Research
https://doi.org/10.1007/s10488-020-01063-w

ORIGINAL ARTICLE

What Gets Measured Gets Done: How Mental Health Agencies can Leverage Measurement-Based Care for Better Patient Care, Clinician Supports, and Organizational Goals

Elizabeth H. Connors[1] · Susan Douglas[2] · Amanda Jensen-Doss[3] · Sara J. Landes[4,5] · Cara C. Lewis[6,7] ·



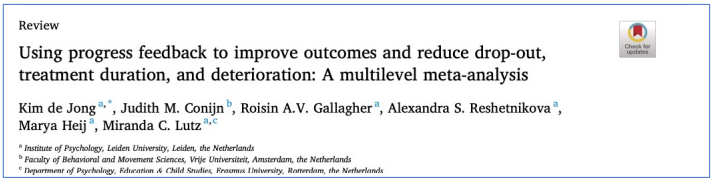
EVIDENCE-BASED PRACTICE IN CHILD AND ADOLESCENT MENTAL HEALTH
2020, VOL. 5, NO. 3, 233–250
https://doi.org/10.1080/23794925.2020.1784062

Routledge Taylor & Francis Group

Check for updates

Measurement-based Care as a Practice Improvement Tool: Clinical and Organizational Applications in Youth Mental Health

Amanda Jensen-Doss[a], Susan Douglas[b], Dominique A. Phillips[a], Ozgur Gencdur[b], Amber Zalman[c],



Review

Using progress feedback to improve outcomes and reduce drop-out, treatment duration, and deterioration: A multilevel meta-analysis

Kim de Jong[a,*], Judith M. Conijn[b], Roisin A.V. Gallagher[a], Alexandra S. Reshetnikova[a], Marya Heij[a], Miranda C. Lutz[a,c]

[a] Institute of Psychology, Leiden University, Leiden, the Netherlands
[b] Faculty of Behavioral and Movement Sciences, Vrije Universiteit, Amsterdam, the Netherlands
[c] Department of Psychology, Education & Child Studies, Erasmus University, Rotterdam, the Netherlands

- MBC is an EBP, but underutilized
- Compatible with EBTs and TAU (every clinical setting!)
- Improves communication/ engagement
- Identify ”stuck” clients/efficient
- BRIEF

Measurement-based care can improve outcomes for all youth

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COVID-19

AUSTRALASIAN PSYCHIATRY

Telehealth mental health services during COVID-19: summary of evidence and clinical practice

Australasian Psychiatry
2020, Vol 28(5) 514–516
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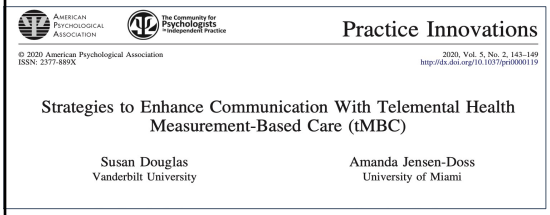
Rebecca E Reay — Academic Unit of Psychiatry and Addiction Medicine, Australian National University Medical School; and ACT Health, Australia
Jeffrey CL Looi — Academic Unit of Psychiatry and Addiction Medicine, Australian National University Medical School; and ACT Health, Australia
Philip Keightley — Academic Unit of Psychiatry and Addiction Medicine, Australian National University Medical School; and ACT Health, Australia



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Practice Innovations

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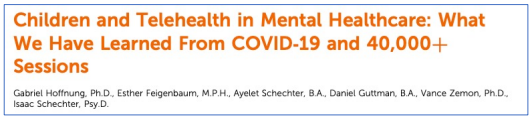
2020, Vol. 5, No. 2, 143–149
http://dx.doi.org/10.1037/pri0000119

Strategies to Enhance Communication With Telemental Health Measurement-Based Care (tMBC)

Susan Douglas
Vanderbilt University

Amanda Jensen-Doss
University of Miami



Children and Telehealth in Mental Healthcare: What We Have Learned From COVID-19 and 40,000+ Sessions

Gabriel Hoffnung, Ph.D., Esther Feigenbaum, M.P.H., Ayelet Schechter, B.A., Daniel Guttman, B.A., Vance Zemon, Ph.D., Isaac Schechter, Psy.D.

- Good evidence for various types
- High therapist/client satisfaction
- Reduced no-shows (anecdotal)

- Must address concerns about engagement, alliance, technology, security, safety

- Stepped care/hybrid models

- MBC strategies

- During COVID-19: children returned to F2F faster than adults

There is good evidence for a range of telehealth mental health services

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Final thought……less is more

Article

People systematically overlook subtractive changes

https://doi.org/10.1038/s41586-021-03380-y
Received: 7 July 2020
Accepted: 22 February 2021

Gabrielle S. Adams[1,4]✉, Benjamin A. Converse[1,2,4]✉, Andrew H. Hales[1,4] & Leidy E. Klotz[3,4]

Improving objects, ideas or situations—whether a designer seeks to advance

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Themes:

1. Trends
2. Resilience and Recovery
3. Developments in the Treatment Area
4. Implementation and Delivery

A few Take Aways

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News You Can Use…

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Jason Lang: jalang@uchc.edu

NCTSN The National Child Traumatic Stress Network

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