Implementing the Massachusetts Child Trauma Project (MCTP) to Improve Services for Children with Complex Trauma in Child Welfare: Phase I Needs and **Readiness Assessment**

Charmaine Lo, MPH¹, Melodie Wenz-Gross, Ph.D.², Jessica Griffin, Psy.D.^{2,3}

¹Clinical & Population Health Research Program, Graduate School of Biomedical Sciences; ²Department of Psychiatry; ³Department of Pediatrics

Overview of MCTP

Purpose:

MCTP seeks to improve placement stability and outcomes for children with complex trauma in the care of the Massachusetts Department of Children and Families (DCF) by creating a sustainable capacity for providing evidence-based trauma interventions within provider agencies, and trauma-informed practices within DCF.

Specific Objectives:

- 1. Improving identification and assessment of children exposed to complex trauma
- 2. Fostering trauma-sensitive and traumainformed practices among child-serving agencies
- 3. Increasing trauma training and sensitivity of caregivers (e.g., biological, kin, and foster)
- 4. Improving linkages and referral rates to evidence-based trauma treatments (EBTs)
- 5. Building service provider capacity for EBTs in Massachusetts



Phase I

Completed a needs & readiness assessment: :

- DCF Data on 1,221 children selected for indicators of complex trauma
- Data from Massachusetts National Child Trauma Network sites
- Mental Health Provider surveys and focus groups
- DCF Area Office Survey of Needs

Conclusions from data so far:

Children with complex trauma have experienced multiple traumas and exhibit problems related to attachment, externalizing behavior problems, as well as PTSD, depression, and traumatic grief.

- Be mindful to include cultural adaptations in certain regions (e.g. for the substantial Asian population in the North), and across the state to respond to the needs of Hispanic/Latino populations.
- Because these children also span the age range (0-18 yrs), our choice of interventions must be appropriate to meet the needs of very young children as well as older children and adolescents

Need more clinicians trained in these EBPs to serve the needs of this group. 50% of mental health agencies surveyed have never adopted an EBP. Currently there are long waiting lists for trauma services and some who claim to be delivering EBPs, have not been formally trained and supported by certified trainers.

Agencies who have formal training and support through efforts such as the NCTSN, have greater trauma informed policies and practices Large percentage of children under age 6, so we may need to make sure we

train enough agencies to serve the very young (CPP). • 8% of those surveyed had been trained in trauma treatments for young children, yet 30% of children with complex trauma

in the child welfare database were under age 6. Providers expressed a need for trauma training, assessment, and

differential diagnosis, greater support for the family and greater communication and collaboration with child welfare.

Child Welfare workers also expressed a need for greater service availability and access, knowledge of who is formally trained to provide trauma services, and need for culturally and linguistically competent services, as well as addressing transportation and insurance barriers.



Target Population

- Children in Massachusetts DCF care
- Ages 0-18 years
- Presenting with complex trauma
- **Resource Parents**
- **Biological Parents**
- Service Providers/Clinicians

Evidence-Based Trauma Treatments

- Attachment, Self-Regulation and Competency (ARC)
- Child-Parent Psychotherapy (CPP)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)



Future Work

- Data from this needs and readiness assessment provided valuable information not only about the needs of the target population, but the needs of both the child welfare and mental health systems that serve them.
- In particular, the data indicate several barriers to implementing practice changes and a clear need to build better
- collaborations between the two systems.
- This data will be used to guide MCTP's Phase II implementation, beginning in October 2012.

More About Us

- Project Director: Jan Nisenbaum
- Project Manager: Ruth Bodian
- Project Coordinator: Beth Barto
- Evaluator: Melodie Wenz-Gross

Acknowledgement

This grant was funded by SAMHSA /Administration for Children and Families grant #

