Implementation Science & Practice Advances Research Center
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Issue Brief

LINKING KIDS WITH TRAUMA TO EVIDENCE-BASED TREATMENT:

Implementation of a Centralized Referral System at the Child Trauma Training Center at the University of Massachusetts Medical School

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Abstract

At a time when the general standard of child welfare and mental health provision has been improving, some important groups in Massachusetts remain under-served. One such is children suffering from trauma. Despite various state-wide efforts to educate professionals about the evidence-based treatments available, trauma sufferers have typically faced long waits to receive these treatments, with average waiting times at some larger mental health agencies stretching to four or even six months. In this brief, we are presenting the implementation of a highly innovative Centralized Referral System – LINK-KID – developed at the Child Trauma Training Center (CTTC) at the University of Massachusetts Medical School. LINK-KID referral system connects children in need of evidence-based trauma treatment with mental health providers who have been trained in these treatments.

What Is the Impact of Childhood Trauma?

Every year, more than one million young people in the US experience violence, trauma and maltreatment.[1] The financial cost to the US of childhood trauma, has been estimated at $103.8 billion per year.[2] These diverse and severe costs mean that childhood trauma has been identified as one of America's most pressing public health issues.[3]

Childhood trauma has been shown to lead to a myriad of problems during teenage years[4-6] and young adulthood[7-9] including re-victimization,[10] delinquency and aggression,[11] functional impairment[12] and other mental health conditions.[13]

Regional data from the Core Dataset of participating Massachusetts National Child Traumatic Stress Network sites (n=532) shows that 97% of traumatized children have experienced multiple traumas with most experiencing 4 or more traumas in their childhood.[14] Data from the Central MA Child Trauma Center (CMCTC) (n=147) shows that youth in central MA had baseline average scores exceeding clinical levels in overall behavior problems as measured using the Child Behavior Checklist – CBCL.[15] Analysis of this data shows that children in this sample experienced a mean of 3 traumatic events (range 0 to 9), with the most common traumas being domestic violence (54%), traumatic loss (35%), physical abuse (30%), sexual abuse (26%) and community violence (23%).

Why Evidence-based Treatment Is Important?

Given the major impact of trauma on child well-being and growth, as well as on public health in general, an optimal child welfare system is one which serves children from a trauma-informed perspective. Key national players, such as the U.S. Department of Health & Human Services, place heavy emphasis on the implementation of evidence-based

Key Messages

- Implementing a centralized referral system such as LINK-KID can be a powerful tool in connecting children and families affected by trauma to evidenced-based and trauma-informed treatment.
- LINK-KID improved wait times for first intake to an average of 40 days, down from 6-12 months.
- The LINK-KID team established a network of more than 500 providers and agencies in MA that use evidence-based trauma treatments.
- The neutrality of the referral system prioritizes the care of trauma affected children by distributing them across a wide range of agencies and practitioners in the state who provide trauma informed evidence-based trauma treatments.
- If designed and used in conjunction with a neutral network of agencies with training in evidence-based trauma treatment, centralized referral systems such as LINK-KID can be a vital route to improving provision for evidence-based trauma treatments.

and trauma-informed practices. In 2011, the Massachusetts Department of Children and Families (MA DCF) ranked 43rd out of 51 states in the Child and Family Services review composite measure of placements stability, indicating a clear need for improved services for vulnerable children and youth removed from their homes.[16] Specific interventions have been formulated to improve the casework practice model of the MA child welfare system for young people exposed to trauma, one of which is dissemination of evidence-based practices (EBPs). Findings from the Massachusetts Child Trauma Project[14] clearly show that the use of evidence-based practices (EBPs) is linked to improvements in clinician awareness and identification of trauma in children and to significant reduction of post-traumatic stress disorder (PTSD) symptoms and behavioral problems among children. Existing research has demonstrated that, with the appropriate treatment and support, people can overcome their traumatic experiences[17] thus enhancing affect regulation, resilience, and skill development.

Gaps in Services: Long Waiting Times to Access Treatment

In Massachusetts, traumatized youth have typically faced long waiting periods to receive evidence-based trauma treatments, with average waiting times at some larger mental health agencies ranging from 6 to 12 months. There might be several factors related to barriers in quick access to EBPs, including lack of enough clinicians trained in trauma-based EBPs, lack of awareness among child professionals and caregivers about trauma-based EBPs, type of health insurance, and specific geographic areas. Therefore, it is fundamental to address these gaps, improving identification of trauma in youth and making appropriate referral for treatment.

Main Goals of LINK-KID

The primary goal of LINK-KID is to help children and youth (age 3-22) receive quality treatment for trauma as soon as possible, and decrease wait times while providing support. More specifically, our referral system aims to:

- remove barriers to access to evidence-based treatments for childhood trauma;
- implement a network of Massachusetts providers and agencies that have training in evidence-based treatments;
- reduce the wait times for children receiving trauma-focused evidence-based treatments;
- increase/retain engagement of children and families by providing additional support during wait times; and
- increase the number of children who successfully complete trauma-focused evidence-based treatment.

In addition, the CTTC has maintained the goal of building sustainable capacity for this service after grant-finding ends. In addition to the NCTSN funding, the CTTC has been successful in securing two funding streams to support LINK-KID. In 2016, the CTTC was awarded a 7-year grant through the Massachusetts Department of Mental Health (MA DMH) to partially fund LINK-KID across the state.

How Do We Improve Access to Services? LINK-KID Referral System

Building on the need to implement access to trauma services across the Commonwealth, the Child Trauma Training Center (CTTC) at the University of Massachusetts Medical School created and refined a state-of-the-art and trauma-informed solution to issues facing traumatized youth and their families. This solution, called LINK-KID, is an innovative strategy which has, to date, yet to be developed elsewhere in the country. LINK-KID is a unique referral system, linking children, youth, young adults (ages 0-22), and families with histories of trauma to mental health providers who have been trained in evidence-based trauma treatments. LINK-KID, which is a toll-free number 1-855-LINK-KID, was developed in 2012 by the CTTC through the National Child Traumatic Stress Network (NCTSN) with a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). In 2015, after demonstrating success in the Central and Western regions supported by our grant, the Lookout Foundation (a private foundation in MA) supported the expansion of LINK-KID to the Boston and Northern Massachusetts' regions. After this stepwise expansion was again successful, in 2016, the Lookout Foundation supported expansion to the Southern MA area and far Western Massachusetts regions. Beginning in January 2016, LINK-KID became a statewide resource.

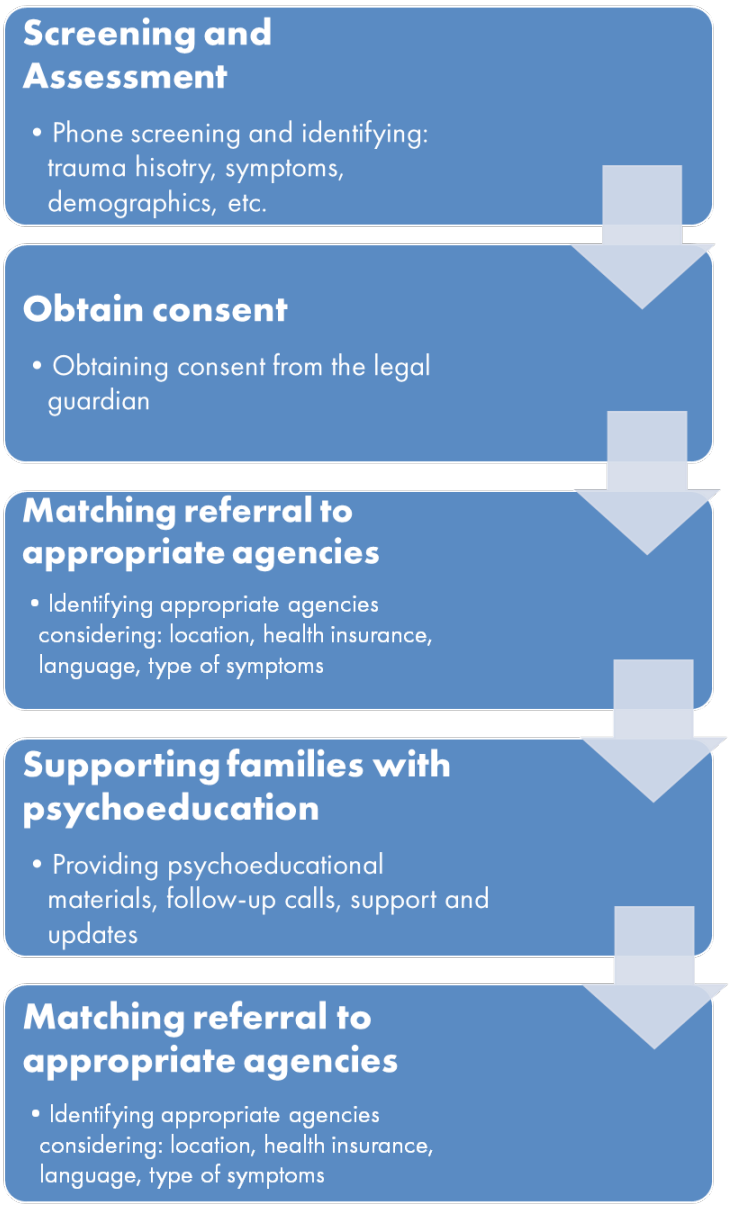
Moreover, the CTTC increases trauma awareness through dissemination of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Trauma Informed Care among child professionals. Thus, the CTTC

addresses gaps in access to services, increasing trauma responsiveness among professionals and expanding the number of clinicians who are trained in EBPs.

LINK-KID Referral process

There are several steps in the LINK-KID referral process. The referral process starts with ***screening and assessment***, identifying the reason for the referral, main symptoms and complaints. Information on demographics, custody, residency, and health insurance is also collected at this time. If the referral source is not the legal guardian of the child, the next step requires getting in contact with the legal guardian and ***obtaining consent*** for the referral along with collecting additional information on the history of any trauma the child has experienced. Once the referral form is completed, the LINK-KID referral coordinator sends the referral to an appropriate ***agency/provider*** matching some factors such as geographic area, type of treatment, health insurance, etc. During the waiting time from sending the referral until the first intake, the referral coordinator follows up every 3 weeks with the family, providing ***psychoeducation and support.***

Fig. 1: Referral Process



Based on the type of trauma and child's specific symptoms, the referral coordinator sends (via mail or email) the appropriate information to parents, with the goal to provide them with education about trauma and parenting skills that can help caregivers manage the child's symptoms. Moreover, the referral coordinator calls the caregiver every 3 weeks until treatment starts, with the goal to provide support and obtain information regarding the waiting status of the family. The CTTC found this strategy to be highly appreciated by caregivers because it made them feel engaged in the process of starting therapy. All data were entered in a large database that is constantly monitored and updated by the CTTC team. Researchers from the CTTC evaluated the services of LINK-KID through anonymous surveys completed by users, including caregivers and referral source (i.e., social workers).

Preliminary Results

The primary consumers of LINK-KID include parents/caregivers, as well as a variety of professionals from the child welfare system, child protection services, juvenile justice system, attorneys, schools, health care workers, and community-based workers. To date, the CTTC has referred 1,411 youth to trauma-focused evidence-based treatments through LINK-KID. The CTTC refers to different trauma-focused evidence-based treatments without a bias for one treatment over another. We have referred approximately 996 to Trauma Focused Cognitive Behavioral Therapy (TF-CBT), 259 to Attachment, Self-Regulation, and Competency (ARC), 159 to Child Parent Psychotherapy (CPP), and 7 to Alternatives for Families: Cognitive Behavioral Therapy (AF-CBT). Of the children who have had their first intake, the average wait time is 40 days, which is a dramatic improvement over average wait times in our region and state, which prior to LINK-

KID, averaged 6 to 12 months for their first intake appointment.

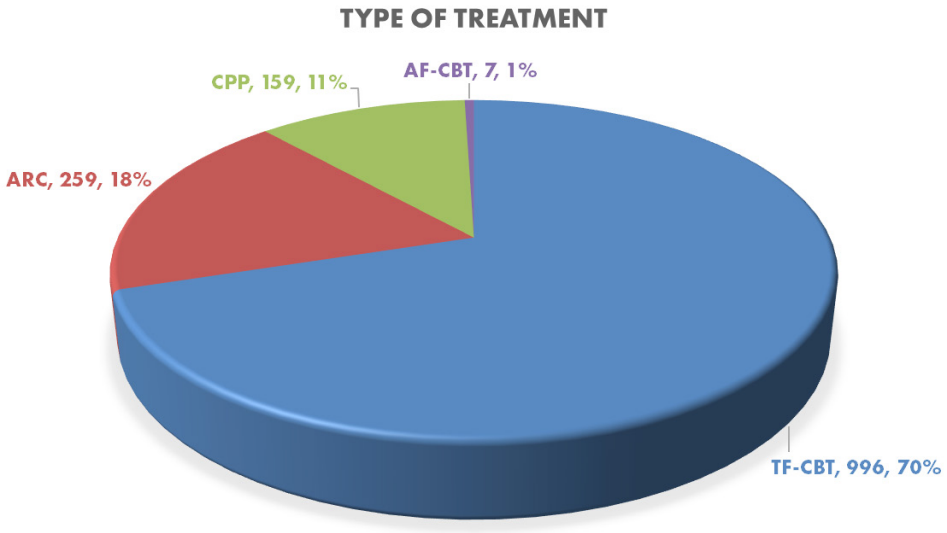
Future strategies to refine LINK-KID services include: tracking of trained clinicians who move to other agencies, disseminating EBPs equally among the state (certain regions in MA are still lacking enough trained clinicians), addressing the lack of enough clinicians trained EBPs for young children (i.e., CPP).

To make a referral to LINK-KID call: 1-855-Link-Kid (1-855-546-5543). For more information about LINK KID and making a referral visit: https://www.umassmed.edu/cttc/cttc-services/link-kid/

Want to learn more about the CTTC's Trauma Informed Training on Child Professionals? Read our issue brief.

- **TF-CBT** is an evidence-based treatment created for youth age 3 to 21 who have experienced traumatic life events such as sexual or physical abuse, traumatic loss of a loved one, domestic, school or community violence, witnessing natural disasters, terrorism or war, and/or neglect. Children and caregivers learn new skills to process these traumatic events, to control unwanted feelings, and to enhance safety and communication.
- **ARC** is an intervention for children and youth ages 2 to 21 who have experienced complex trauma. The three domains of attachment, self-regulation, and competency are often affected during traumatic events, and this therapy focuses on principles that help to strengthen these areas and build resilient youth.
- **CPP** is a type of intervention designed for young children ages 0 to 5 who have experienced traumatic life events. CPP focuses on the way these traumatic events have impacted the child and caregiver relationship and seeks to improve the relationship between caregiver and child while restoring the child's sense of safety and overall functioning.
- **AF-CBT** is appropriate for use with physically coercive/abusive parents and their children ages 5 to 17. AF-CBT addresses the child's behaviors as a result of the abuse and the parent child relationship. This model is designed for use with physically abused children and the caregiver (offending parent/caregiver or other) who is willing to participate in treatment.

Fig. 2: Type of Treatment



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