Over the past eight years, the Ambit team, along with our partners, has worked to train mental health providers in an evidence-based practice called Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as part of our mission to increase access to and improve the quality of care for children and families who have experienced trauma. TF-CBT treats the symptoms of posttraumatic stress in children who have experienced or witnessed trauma.

Originally developed for child victims of sexual abuse, the treatment now has more evidence for its effectiveness in addressing multiple and complex traumas. TF-CBT treats trauma-related symptoms such as behavior problems, depression, anxiety, and inappropriate sexual behaviors and is validated for children from three to eighteen years of age. In an effort to improve the child-caregiver relationship, TF-CBT includes the non-offending parent or caregiver as an active participant in treatment.

As a components-based model, TF-CBT educates both child and caregiver about childhood trauma and post-traumatic stress disorder, teaches emotional

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regulation and stress management skills, and gradually exposes both child and caregiver to the trauma. TF-CBT improves children’s safety skills as well as parental coping skills.

Ambit uses a Learning Collaborative (LC) training model to train mental health providers in TF-CBT. The LC is a quality improvement training model that promotes sustainable change in service delivery by training professionals in best practices that are not widely used. The implementation of a LC requires utilizing a set of specific training elements, including in-person trainings, coaching and consultation, and evaluation2.

In Ambit’s adaptation of the LC model, therapists participate in three in-person trainings covering trauma-informed practice and assessment, the TF-CBT model, and other relevant topics, including compassion fatigue and developmental trauma disorder, over the course of one year.

After the first training, therapists begin screening children for trauma and providing TF-CBT to children who have experienced trauma. Therapists use a dashboard to monitor their fidelity to the treatment model and use standardized clinical assessments to monitor client outcomes over the course of treatment.

The first training is followed by nine months of bimonthly consultation calls during which therapists receive assistance from a certified TF-CBT trainer and members of their LC with their trauma cases.

Since 2007, Ambit has supported nine learning collaboratives and trained 233 therapists in TF-CBT. Ambit-trained therapists are located in 31 of the 87 counties in Minnesota. To date, TF-CBT therapists have screened 1,618 children for trauma. Most of these children (95.8%) were between the ages of five and 17. Children screened by TF-CBT therapists present a wide variety of problems at intake, including academic problems, behavior problems, alcohol and substance use, criminal activity, and self-injurious behaviors.

The majority of children screened for trauma report experiencing domestic violence (63%), emotional abuse or psychological maltreatment (61%), and an impaired caregiver (59%). Most screened children report experiencing multiple types of trauma.

Data collected over the past four years using the standardized clinical assessments integral to TF-CBT demonstrate that children who are receiving treatment for TF-CBT see a decrease in their post-traumatic stress symptoms, including decreases in anxiety, depression, anger, and dissociation. Ambit has end of treatment data on 1,030 of the 1,618 children who have been screened for trauma. While a large portion of these clients ended treatment before its completion, more than 200 clients completed TF-CBT treatment.

Over the next four years, Ambit will be working with counties and tribes in four regions across the state to establish trauma-informed systems of care: central Minnesota, southeastern Minnesota, the Twin Cities metropolitan area, and northwestern Minnesota/eastern North Dakota. In addition to working with stakeholders to develop these systems of care, Ambit training efforts will focus specifically on providers working with children in military families, children and youth in the child welfare and juvenile justice systems, refugee children, and American Indian children.

This year, Ambit will be providing a statewide learning collaborative in TF-CBT and will be partnering with the Minnesota Department of Human Services to train providers in residential treatment facilities and providers who work with minority populations. Ambit Network plans to provide additional statewide learning collaboratives in TF-CBT over the next three years.

1Also includes a list of the randomized control trials conducted to evaluate TF-CBT. http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/TF-CBT_fact_sheet_3-20-07.pdf
Ambit Network eagerly awaits the launch of national certification from TF-CBT developers Judith Cohen, Anthony Mannarino, and Esther Deblinger.

Another step in improving the standard of care for children and families who have experienced trauma, certification provides assurance to families throughout Minnesota that certified therapists demonstrably possess the knowledge, skills, and experience to provide evidence-based trauma-informed treatment to children.

Ambit Network will create a publicly available roster of Minnesota therapists who have successfully completed the certification process.

When national certification is launched, Ambit plans to work with all previously trained therapists pursuing certification by confirming attendance at in-person trainings and consultation calls and providing documentation of completed trauma cases.

In addition, Ambit plans to provide booster trainings and additional consultation calls through a modified learning collaborative for therapists who have not met all of the requirements for certification.

Beginning January 1, 2013, Ambit reinstated the tracking and technical support with TF-CBT cases that previously stopped at the end of a learning collaborative.

In an effort to support therapists during the certification process, Ambit will provide scoring of clinical assessments and tracking of follow-up interviews for all Ambit-trained TF-CBT therapists.

For more information, please contact the Ambit team at tfcbt@umn.edu.

**Interview with:**
**Ed Frickson, MS, LP**
Executive Director of Family Innovations, Inc.
**Years of Experience:** 22

Family Innovations has a commitment to providing evidence-based and research supported interventions to the clients they serve, specifically in the area of child trauma. To work towards the goal of becoming an evidence-based service provider, Family Innovations has partnered with the Ambit Network, which has provided trainings to over 50 therapists at Family Innovations, along with ongoing support, consultation, and scoring services. Ambit’s partnership with Family Innovations has greatly influenced the agency, allowing a partnership that utilizes both the science and the art of therapy to improve the lives of children and youth.

**How is TF-CBT different from other treatments?**

EF: TF-CBT is different because it provides more of a manualized approach. As Jennifer Wilgocki [certified TF-CBT Trainer] would say, TF-CBT has a clear beginning, middle, and end, which helps both client and therapist stay on track throughout the course of treatment. Another piece that clearly sets TF-CBT apart is the use of standardized instruments at three-month intervals over the course of treatment.

**Prior to TF-CBT, what did you do for clients who had PTSD symptoms?**

EF: Nothing that was proven effective. Some work on relaxation skills, but, speaking for the larger community of child, adolescent, and family therapists at Family Innovations, we focused more on talk therapy and the exposure piece [with traumatized clients] without utilizing the components that make up the TF-CBT treatment model.

**What are your thoughts on TF-CBT and its structured approach fitting into the “art” of therapy?**

EF: I think that TF-CBT has a tremendous amount of flexibility in allowing the art of therapy to still be brought forward throughout the course of a manualized approach. It allows the skill set of the therapist to come into play when interacting with a client.

**Since you’ve been working with TF-CBT for a while, how do you identify children who may have been traumatized?**

EF: As part of our diagnostic assessment, we have three questions that are asked of the client and primary caregiver about exposure to trauma. If there’s any indication of trauma reported on any of those three questions, therapists are expected to assess for trauma symptoms using the Trauma Symptom Checklist for Young Children [TSCYC] or Trauma Symptom Checklist for Children [TSCC] with the parent or child as well as the UCLA-PTSD Index for DSM-IV [UCLA]. If the client referral comes from another professional who’s aware of a history of trauma exposure for the client, the therapist will go through the same process with the TSCC/TSCYC and UCLA. Some clients don’t initially endorse trauma exposure but will at a later date. At that point, the therapist will cycle back and provide those assessments.

**Have you made any cultural adaptations to the TF-CBT model to fit your overall client demographics?**

EF: With some immigrant and refugee families, we’ve added interpretive services, which requires adaptation to TF-CBT as well.

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3 The TSCC, TSCYC, and UCLA are validated standardized clinical assessments used throughout TF-CBT to assess and monitor a child’s trauma symptoms.
About Ambit Network

Ambit Network is a university-community partnership made up of non-profit, government, and community mental health agencies. It was established in 2005 as a National Child Traumatic Stress Network Community Treatment and Services Center through funding from the Substance Abuse and Mental Health Services Administration. The mission of Ambit is to raise the standard of care for children and families who have experienced trauma by developing a continuum of care for child trauma.

Ambit provides training in trauma-informed, evidence-based practices across the mental health continuum to outpatient, inpatient, and residential treatment facilities. With its community and government partners, Ambit connects “front-door agencies” to this network of trauma-trained providers to ensure that all children who have experienced trauma have the opportunity to access high-quality trauma-informed care and overcome the effects of their traumatic experiences.

Learn the latest and sign up for news at www.AmbitNetwork.org

Training Programs from Ambit Network

Trauma-Focused Cognitive Behavioral Therapy
An effective treatment for symptoms of traumatic stress in children and youth.

Child Development Policing Program
http://www.cehd.umn.edu/fsos/projects/ambit/cdpp.asp
A community partnership program that pairs mental health providers with police officers to identify violent crimes in which children are present and provide short-term crisis intervention.

Parenting through Change
Parent education program to teach parents effective positive parenting practices, including limit-setting, monitoring, involvement, and encouragement.

After Deployment: Adaptive Parenting Tools
http://www.cehd.umn.edu/fsos/projects/adapt/default.asp
Parenting resources for families who have school-aged children and have gone through the deployment process.