A multidimensional approach for the provision of trauma-based treatment in foster and residential care.

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Brief Abstract
A multidimensional approach to trauma-based treatment for child maltreated youth at various levels of care from program to agency culture improves outcomes for both children, caregivers, and staff.

Abstract

Background:
Provision of social services and trauma-based treatment often is localized at the program level in most social service agencies and usually is not incorporated within the entire environment of the child. A multidimensional approach to trauma-based treatment incorporates a trauma lens across different layers within the organization. This includes the adoption of a trauma-based approach among various staff that provides services to a child, including social service providers, clinicians, educators, health professionals, and even administrators. The implementation of evidence-based models within different layers of the organization requires adaptation of existing models and integration of those disparate components to allow for a seamless approach to trauma-based treatment.

Approach:
An example from a social service organization will be used to highlight a successful integration of several trauma-evidence-based models in the continuity of care for child maltreated youth. The integration includes adaptation of several Evidence-Based Models/EBMs such as the Sanctuary Model as an overarching organizational trauma framework, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) as an individual treatment model, Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) as a group modality, and Solution-Based Casework (SBC) as a child-welfare case practice model.

Results:
Implementing a multidimensional model of trauma-based care required the buy-in of various stakeholders within the agency, from the Board of Directors down to direct practice and support staff. The agency chose the Sanctuary Model as its non-hierarchical and trauma-informed approach to organize all operating systems within the organization, including departments such as clinical, medical, quality improvement (REACH), fiscal, information technology, and administrative. Having a uniform model across the agency also supported the implementation and sustainability of two trauma-based, evidence-based models (TF-CBT and SPARCS), as well as SBC.

Conclusion:
The integration of several trauma-based components allowed the agency to have a trauma lens within all levels of the organization. This approach supports the provision of social services, clinical, and medical care for youth who have experienced abuse and neglect. The integrative approach places the child in a continuous treatment milieu that is sensitive to their past traumas and supports their healing. Another key component was the integration of a strength-based case-management model that focuses on enhancing the skills of birth parents, foster parents, youth in care, and even staff. This
approach is sensitive to ameliorating some of the negative experiences of each of these groups, especially past experiences with legal and social service systems. An integrative trauma model also addresses compassion fatigue within staff that work with the highest-needs youth. Targeted staff support deconstructs the parallel processes that staff experience as they work with child maltreated youth and addresses affective, behavioral, cognitive, and relational dysregulation. Staff learns to identify relatedness problems in a way that supports both the staff and the youth that they are working with.

Learning Objectives

1. Participants in this learning module will become familiar with the integration of trauma-based approaches within different areas of the organization, from programs to the entire agency. They will also learn how implementation science can guide both the initial implementation, adaptation to a local context/setting, as well as the sustainability of these models amid resource constraints.

2. Participants will learn how to work with multidisciplinary staff, and how to integrate and incorporate evidence-based trauma-based treatment, a group-based trauma-based treatment model, a case management model, and an overall agency framework that is reflective of becoming trauma-aware and proactive.

3. Participants will learn how to address compassion fatigue among staff that provides direct, clinical, and medical services to high-needs children in foster and residential care.

Citation: