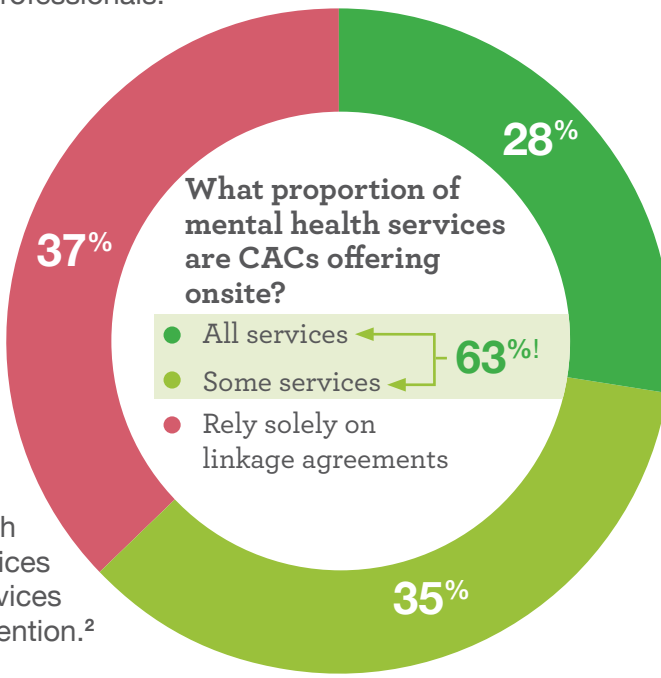
How CACs Are Healing Kids

NATIONAL CHILDREN'S ALLIANCE®

How are CACs meeting their clients' mental health needs?

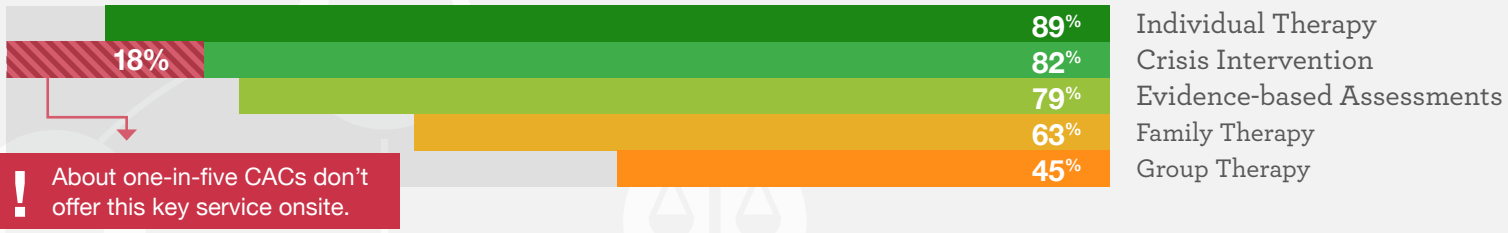
CACs serve more than 324,000 children each year, uniquely positioning them to offer services that help child victims of abuse heal and avoid the lifelong consequences of trauma.[1] A growing number of CACs are offering these services through mental health professionals onsite. In NCA's 2016 Member Census, 63% of CACs responded that they are offering at least some mental health services onsite.[2] While this is not always possible, CACs see many benefits to having onsite mental health professionals:

- **Increased knowledge of treatments and assessments offered by offsite providers**
- **Ready access to clinicians in crisis**
- **Increased capacity to serve children**
- **Better supervision of mental health staff**
- **Better understanding of NCA's mental health standard and the needs of children.**



While it's possible to deliver high-quality evidence-based assessments (EBAs) and evidence-based treatments (EBTs) through linkage agreements with offsite clinicians, some mental health services greatly benefit from rapid, onsite delivery. Most CACs offer key services onsite, but nearly of 20% of CACs don't offer in-house crisis intervention.[2]

What mental health services are CACs offering onsite?

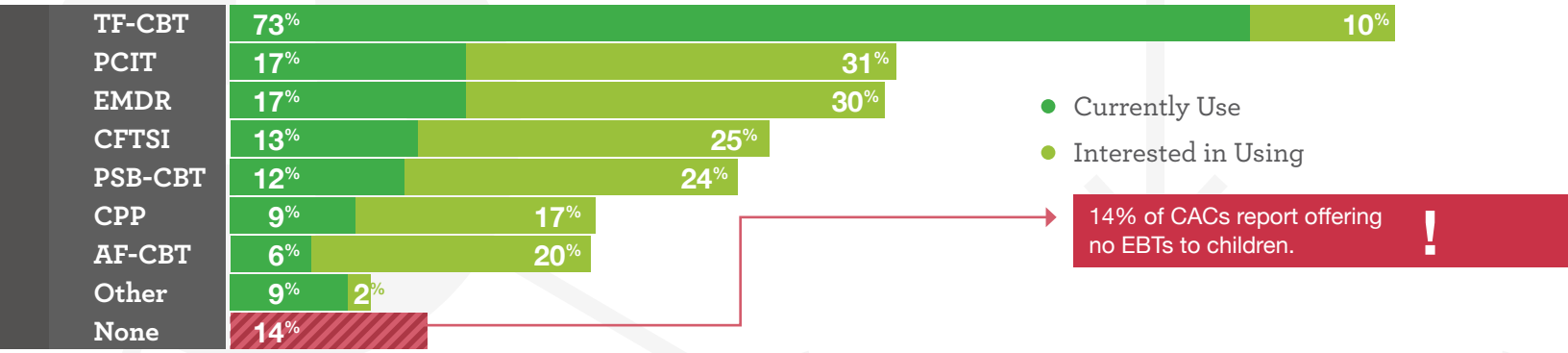


Which treatment models are CACs offering?

Roughly the same percentage of CACs (37%) reported offering either one or two EBTs, while only 26% reported offering three or more treatment models.[3] Far and away the most common treatment was Trauma-Focused Cognitive Behavior Therapy (TF-CBT), a key EBT offered by nearly three-quarters of CACs for children impacted by trauma. CACs can benefit from clinicians with training in multiple EBT models so that treatment can be selected based on the results of the assessments and the needs of the child.

Treatment models other than TF-CBT were less common. For example, 13% of CACs reported offering Child and Family Traumatic Stress Intervention (CFTSI): a brief, acute EBT designed to reduce traumatic stress reactions and onset of PTSD.[5] 17% of CACs offered Parent Child Interaction Therapy (PCIT), designed to improve the relationship between a parent and a young child, often used in physical abuse and neglect cases.[6]

What treatments do CACs offer? [4]



Even if few CACs are currently offering many EBTs, there's significant interest in expanding the menu: more than a quarter of CACs want to learn to use new models. One troubling statistic: 14% of CACs report not offering any EBTs at all. NCA's mental health standard requires delivering EBTs to children.
What could be holding CACs back from healing childhood trauma?

How do CACs know which treatment models to deliver?

Evidence-Based Assessments (EBAs) help CACs determine whether treatment is needed and, if so, which EBT is most appropriate. For example, when EBA results identify behavioral issues, particularly given a history of physical abuse, PCIT or Alternatives for Families (AF-CBT) are appropriate treatments. For youth with problematic sexual behaviors, Problematic Sexual Behavior-Cognitive Behavior Therapy (PSB-CBT) is a very effective EBT. EBAs even help measure the effectiveness of the treatment by showing progress over time. Just as every child's situation is different, there is no single treatment that's most effective in every case. Onsite clinicians who know multiple EBAs and EBTs can determine the right course of treatment for each child needing it.

Where can I learn more about or get started on major mental health treatment modalities?

The developers of many major EBT models often offer free online training or detailed information on developing capacity in their treatment models. Here are a few to get you started:

Model	Great For Treating:	Get Started At:
TF-CBT	Trauma in both children and caregivers	tfcbt.musc.edu
CFTSI	Acute cases before PTSD symptom onset	medicine.yale.edu/childstudycenter/cvtc/programs/cftsi/
PCIT	Improving caregiver/child relationship (young children)	www.pcit.org
AF-CBT	Physical abuse, improving caregiver/child relationship (children or adolescents)	www.afcbt.org
PSB-CBT	Youth with problematic sexual behaviors	www.ncsby.org

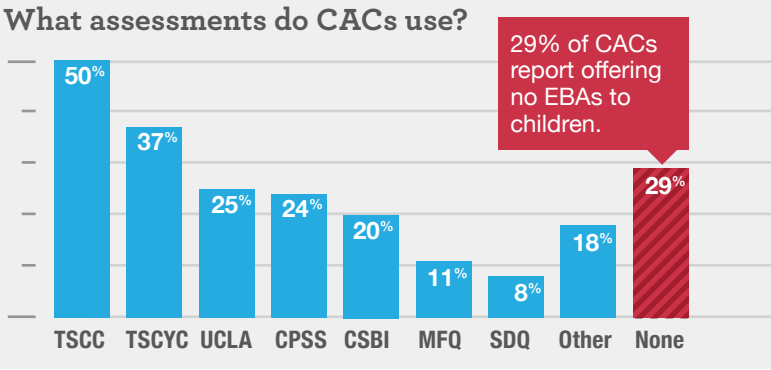
Want to improve your mental health practice?

See the new resource just for CACS, produced in conjunction with the National Child Traumatic Stress Network (NCTSN), the "CAC Directors' Guide to Quality Mental Healthcare." You can access this resource, including video training modules on ten topics, at nationalchildrensalliance.org/mhguide

What evidence-based assessments are CACs offering?

Most commonly, CACs use the Trauma Symptom Checklist for Children (or TSCC, used by 50% of CACs) and the Trauma Symptom Checklist for Young Children (or TSCYC, used by 37% of CACs) [5]. These assessments measure a variety of symptoms and are backed with decades of solid evidence. But in a CAC, there may be a need to train in and deliver more than one EBA. Some assessments, like the Child PTSD Symptom Scale (CPSS), are delivered as part of specific trauma treatment models that may, for example be delivered in acute cases. Other assessments are more attuned to assessing a child's sexual behavior problems or other behavioral issues.

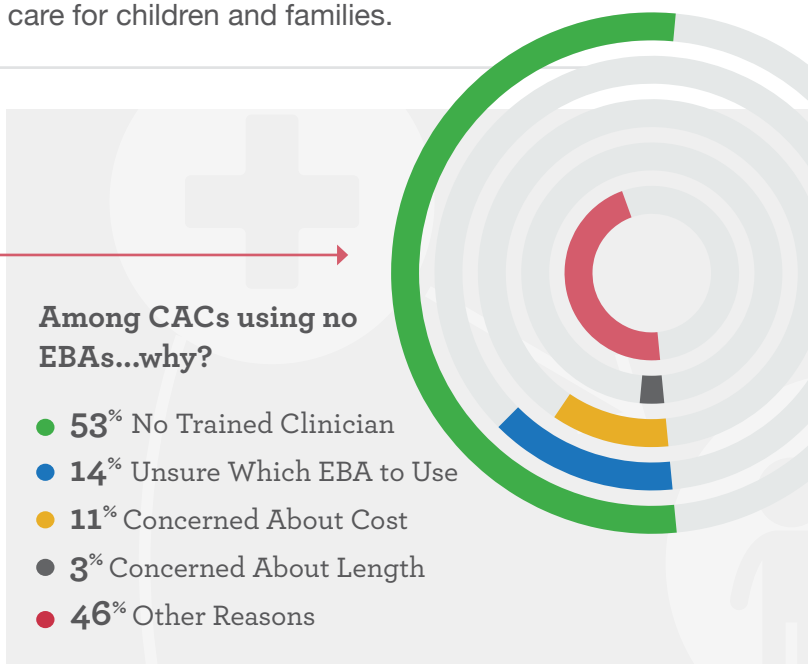
As with EBT delivery, CACs better meet the needs of children when trained to deliver a variety of different assessments tailored to meet the individual needs of the child. The data indicate that many CACs have staff proficient in delivering more than one type of assessment, enabling CACs to deliver tailored, expert care for children and families.



What's keeping CACs from delivering assessments?

However, one number is concerning: **almost 30% of CACs report not offering any EBAs at all**. As with treatment models, NCA's Accreditation Standard for mental health requires delivering EBAs to children. What's preventing CACs from performing the assessments needed to know how to treat a child, and whether treatment is working?

The most common response among CACs reporting they don't use EBAs was that there is no clinician trained to conduct assessments (53%). Other common responses are seen in the graphic below[6]. Therefore, the easiest paths to delivering EBAs to children for CACs who don't currently do so is to get training in one or more EBAs for new or existing mental health staff, and for those that refer mental health services out, to strive to get a better handle on EBA use among outside clinicians.



While beginning the process of delivering EBAs can be challenging, assessments are the only sure means to determine whether treatment is necessary, to select the proper treatment modality, and to ensure positive mental health outcomes for kids.

What are the barriers to improving all mental health services for kids?

Funding is the barrier most cited by CACs (50%), and given that training in EBTs/EBAs is time intensive and can be expensive, funding concerns may contribute to other barriers as well. As many CACs serve areas and populations where qualified clinicians may be hard to find, 29% of CACs reported having access to qualified mental health service providers as a barrier, and 17% cited a lack of specified training. To develop skills and capacity, CACs are encouraged to explore grant opportunities through NCA as well as those available at the local and state level.

Nearly 60% of CACs cited paying for onsite mental health services through Victims of Child Abuse Act (VOCA), or other state/local grant funding (cited by 42%). NCA remains active in advocacy for increased VOCA funding. Find out how to help by attending our weekly legislative advocacy calls with Denise Edwards—contact her at dedwards@nca-online.org to join.

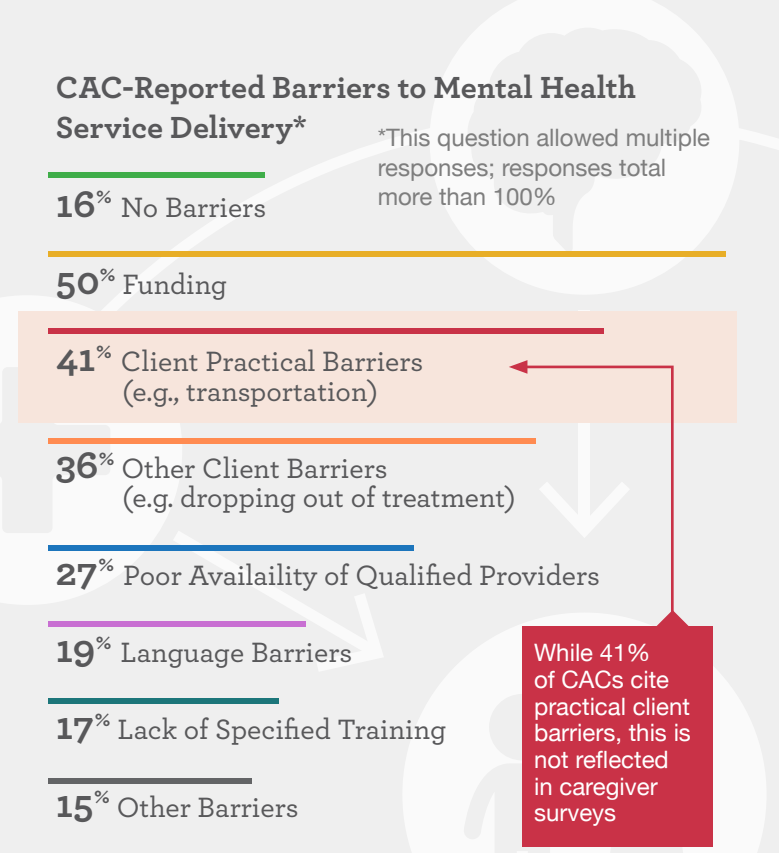
Many CACs cite practical barriers for caregivers, but this trend is not reflected in caregiver surveys to the same extent [7]. In Outcome Measurement System (OMS) surveys, many caregivers referred to services report simply that they do not believe they or their children need the services. Helping caregivers understand trauma—and the effectiveness and importance of trauma treatment—can help reduce this barrier. Family engagement begins with the first contact at the CAC, and is a critical piece to ensuring that children and families engage in mental health services. To improve outcomes, NCA and the Regional CACs (RCACs) are developing a family engagement training for mental health services.

While free online trainings are offered at some of the above websites, these trainings are intended to serve as an introduction to the specific models and are not a substitute for live training, consultation with experts, and clinical practice. Information on other EBT/EBA models mentioned in this guide may be found online.

What resources can NCA offer to help CACs improve their mental health services?

NCA has and will continue to offer grants for training on EBA and specific EBT models. NCA is also using private funding to partner with state Chapters to provide training opportunities. NCA also offers some free training resources to help CACs get on the path to improving mental health service delivery. One valuable new resource, produced in conjunction with the National Child Traumatic Stress Network (NCTSN), is the *Children's Advocacy Center Directors' Guide to Quality Mental Healthcare*[8]. Another free NCA resource with learning modules specific to helping CACs deal with the large number of cases where a victim has been abused by another child is NCA's *Addressing Youth and Children with Problematic Sexual Behaviors*. Lastly, NCA has comprehensive educational brochures on mental health services for CACs, caregivers, and brokers available at nationalchildrensalliance.org/mhbrochures.

For more information on these or other mental health program questions, contact NCA's Project Coordinator for Mental Health Michelle Miller at mmiller@nca-online.org, or your RCAC to learn what resources are available.



See Our Guide
at nationalchildrensalliance.org/mhguide

Get Brochures
at nationalchildrensalliance.org/mhbrochures

See Resources
for addressing youth and children with problematic sexual behaviors at nationalchildrensalliance.org/psb

1. More on the effects of trauma at https://goo.gl/Aavapn
2. All data from NCA's 2016 Member Census.
3. Live poll conducted at NCA's 2017 Annual Membership Meeting, June 6, 2017.
4. Treatment modality abbreviations not explained in body text are as follows: Child-Parent Psychotherapy (CPP) and Eye Movement Desensitization and Reprocessing. More information can be found online by searching those specific terms.
5. All data from NCA's 2016 Member Census. Assessment model abbreviations not explained in the body text are as follows: UCLA PTSD Reaction Index (UCLA); Child PTSD Symptom Scale (CPSS); Child Sexual Behavior Inventory (CSBI); Mood and Feelings Questionnaire (MFQ); Strengths and Difficulties Questionnaire (SDQ).
6. Includes a majority of responses indicating that mental health services are referred out.
7. *Healing, Justice, & Trust: Outcome Measurement System National Report*, Member Edition 2016. Available at: http://www.nationalchildrensalliance.org/members/oms-resources-members (member login required)
8. Available at http://www.nctsn.org/products/cac_director_guide_to_quality_mental_healthcare
9. Available at http://www.nationalchildrensalliance.org/psb