Project BEST
A Social-Economic, Community-Based Approach to Implementing Evidence-Based Trauma Treatment for Abused Children

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Psychological and Behavioral Impact of Childhood Victimization

Abuse and victimization in childhood correlated with:

- Anxiety disorders (PTSD, social phobia, generalized anxiety disorder)
- Affective disorders (major depression)
- Sexual disorders (dysparunia, vaginismus, inhibited sexual desire)
- Substance use/abuse/dependence (drug, alcohol, tobacco)
- Delinquency and criminal behavior
- Violent behavior (peer aggression, dating violence, spouse/partner violence)
- Other problems (future victimization, self-esteem, guilt, shame, self-blame, relationship difficulties, academic performance, occupational achievement)
- Comorbid problems
25 years of Clinical Research

Evidence Supported Interventions:
Developed, Tested, and Ready for Implementation

- Trauma-Focused Cognitive-Behavioral Therapy – TF-CBT
- Parent Child Interaction Therapy – PCIT
- Abuse-Focused Cognitive Behavioral Therapy – AF-CBT
- Cognitive Processing Therapy – CPT
- Child-Parent Psychotherapy – CPP
- SafeCare
- The Incredible Years (TIY) series
- Other Parent Management Training (PMT) models
- CBT for Children with Sexual Behavior Problems
- Functional Family Therapy
- Dialectic Behavior Therapy (DBT)
- Multi-Dimensional Treatment Foster Care
- Multisystemic Therapy (MST)
- Triple P

Good News!
So, exactly how do we build these services in our communities?
Bringing Evidence Supported Treatments to South Carolina Children and Families

Coordinating Centers
The Dee Norton Lowcountry Children’s Center
Charleston, SC
National Crime Victims Research and Treatment Center
Medical University of South Carolina

www.musc.edu/projectbest

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Mission of Project BEST

To ensure that all abused children and their families in every community in South Carolina receive appropriate, evidence supported mental health assessment and psychosocial treatment services.

Spreading and building the capacity of every community to deliver Evidence Supported Treatments (ESTs)
Trauma Focused Cognitive-Behavioral Therapy

- Evidence-based
- Evidence supported
- Conjoint child and parent psychotherapy model
- For children and adolescents
- For significant trauma-related emotional difficulties.
- Effective with diverse cultural populations.
- Delivery can be adapted to low resource systems.
Public Mental Health

Juvenile Justice

Law Enforcement

Children's Advocacy Center

Medical

Probation

Rape Crisis

Mental Health

Family Court

Medical School System

Private Mental Health

Drug & Alcohol

School System

Victim Advocates

GALs

Mentor

Child Welfare

Criminal Court

Domestic Violence
Social Economic Model for ESI Implementation

- Brokers
- Consumers
- Payers
- Broker Service Systems

- Clinical Practitioners
- Clinical Service Systems
Relevant Service Systems

- Referral
- Dept. of Social Services
- Rape Crisis Center
- Juvenile Justice
- Victim Advocates
- Guardian Ad Litem
- Nonprofit MH Services
- Public Mental Health
- Private Practitioners
- University MH Services
- MH Providers
“Coordination Improves Outcomes for Children”

- National Survey of Child and Adolescent Well-Being
- N=1,613 children within 75 child welfare agencies over 36 months
- Examined Interorganizational Relationships (IORs)
  - Number of coordination approaches between each child welfare agency and mental health service providers
- Tested relationships between IORs, Service Use, and Outcomes
- Greater intensity of IORs \( \rightarrow \) greater likelihood of service use and mental health improvement.

Conclusions:
- Greater number of ties with mental health providers may help child welfare agencies improve children’s mental health service access and outcomes
- Encourage different types of organizational ties between child welfare and mental health systems

Goals of a Community-Based Learning Collaborative

- Awareness of community status.
- Buy-in to the goal.
- Shared community responsibility.
- Committed local community leadership.
- Collaborative learning community.
- Build the capacity of communities to deliver ESI (supply).
- Build community “demand” for ESI.
- Build sustainable linkages.
- Institutionalize EBP.

Rules

1. Use only existing funding streams.
2. Cultivate local expertise.
Community Change Teams

- Clinical Senior Leaders
- Broker Senior Leaders
- Clinical Supervisors
- Consumers
- Broker Supervisors
- Therapists
- Brokers
CBLC Curriculum Areas

Common Material and Activities
Clinicians and Brokers

Clinical Track
TF-CBT

Broker Track
EBTP
CMTS

Supervisor

Senior Leader

Team Building

Joint Community Responsibility
Learning Collaborative Emphasis Over Time

- Learning Session 1
- Action Period 1
- Learning Session 2
- Action Period 2
- Learning Session 3
- Action Period 3

Pre-Work

Training

Implementation

12-14 Months
# Learning Collaborative Completion Rates

<table>
<thead>
<tr>
<th>Learning Collaborative</th>
<th>Learning Session 1</th>
<th>Completed Requirements</th>
<th>Complete Percent</th>
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<tbody>
<tr>
<td>PB Pioneer</td>
<td>64</td>
<td>36</td>
<td>56.3%</td>
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<tr>
<td>PB Lower State*</td>
<td>39</td>
<td>25</td>
<td>64.1%</td>
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<tr>
<td>PB Pee Dee</td>
<td>60</td>
<td>18</td>
<td>30.0%</td>
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<tr>
<td>PB Coastal</td>
<td>103</td>
<td>50</td>
<td>48.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>266</strong></td>
<td><strong>129</strong></td>
<td><strong>48.5%</strong></td>
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</table>

*Clinical Learning Collaborative Only*
## Project BEST Training Cases

### Children Completing Treatment

<table>
<thead>
<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td>42.3%</td>
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<tr>
<td>Female</td>
<td>57.7%</td>
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<table>
<thead>
<tr>
<th>Age</th>
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<tbody>
<tr>
<td>Mean</td>
<td>11.3</td>
</tr>
<tr>
<td>SD</td>
<td>3.4</td>
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<table>
<thead>
<tr>
<th>Tx Days</th>
<th></th>
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<tbody>
<tr>
<td>Mean</td>
<td>170</td>
</tr>
<tr>
<td>SD</td>
<td>73</td>
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N = 188 Children

91 Therapists
## Project BEST Training Cases
### Child UCLA PTSD Reaction Index

<table>
<thead>
<tr>
<th></th>
<th>Reexperiencing</th>
<th>Avoidance</th>
<th>Hyperarousal</th>
<th>Total Score</th>
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<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td>Mean</td>
<td>9.8</td>
<td>4.8</td>
<td>11.5</td>
<td>6.1</td>
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<tr>
<td>SD</td>
<td>5.5</td>
<td>4.6</td>
<td>6.6</td>
<td>5.8</td>
</tr>
<tr>
<td>∆</td>
<td>-4.9</td>
<td>-5.4</td>
<td>-3.2</td>
<td>-13.5</td>
</tr>
</tbody>
</table>

All cases (N=188) -- Total Score pre-post child UCLA: $d = 0.93$

Pre ≥ 12 (n=171) -- Total Score pre-post child UCLA: $d = 1.16$

Cohen et al. (2011) pre-post child UCLA: $d = 0.64$

Deblinger et al. (2011) mean pre-post for child outcomes: $d = 0.94$
Project BEST Training Cases
Scoring Above UCLA Clinical Cut Score

Pre-Tx: 36.2%
Post-Tx: 10.6%

N=188

UCLA ≥ 38
Implications for Other Countries

► Shared community responsibility for change.
► Committed community leadership.
► Creating demand for intervention among community “brokers”.
► Community organization skills are necessary.