



Lessons learned while building a trauma-informed public behavioral health system in the City of Philadelphia



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ABSTRACT

Exposure to traumatic experiences among youth is a serious public health concern. A trauma-informed public behavioral health system that emphasizes core principles such as understanding trauma, promoting safety, supporting consumer autonomy, sharing power, and ensuring cultural competence, is needed to support traumatized youth and the providers who work with them. This article describes a case study of the creation and evaluation of a trauma-informed publicly funded behavioral health system for children and adolescents in the City of Philadelphia (the Philadelphia Alliance for Child Trauma Services; PACTS) using the Exploration, Preparation, Implementation, and Sustainment (EPIS) as a guiding framework. We describe our evaluation of this effort with an emphasis on implementation determinants and outcomes. Implementation determinants include inner context factors, specifically therapist knowledge and attitudes ($N=114$) towards evidence-based practices. Implementation outcomes include rate of PTSD diagnoses in agencies over time, number of youth receiving TF-CBT over time, and penetration (i.e., number of youth receiving TF-CBT divided by the number of youth screening positive on trauma screening). We describe lessons learned from our experiences building a trauma-informed public behavioral health system in the hopes that this case study can guide other similar efforts.

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1. Introduction

Exposure to traumatic experiences among children and adolescents is a serious public health concern (Gillespie et al., 2009). The majority of youth are exposed to at least one, and often multiple, traumatic experiences by the age of 17 years (Finkelhor, Turner, Ormrod, & Hamby, 2009). Chronic stress and trauma can compromise optimal brain development and negatively impact physical, emotional, behavioral, social, and cognitive development in youth (DeCandia, Guarino, & Clervil, 2014; Middlebrooks & Audage, 2008). For example, adults who experienced four or more adverse child experiences (ACEs) had poorer physical outcomes compared to adults who did not experience four or more ACEs

(Felitti et al., 1998). These findings are consistent with a growing body of research that indicates a strong relationship between cumulative exposure to traumatic events in childhood and a wide array of health and mental health impairments in adulthood (Shonkoff, Boyce, & McEwen, 2009). This effect is likely more profound in urban inner city environments (The Research and Evaluation Group at the Public Health Management Corporation, 2013).

To address the needs of traumatized youth, strengthening the infrastructure of public behavioral health systems around trauma-informed principles is critical. Trauma-informed systems are built around core principles, including (1) understanding trauma and its impact; (2) promoting safety; (3) supporting consumer control, choice, and autonomy; (4) sharing power and governance; (5) ensuring cultural competence; (6) integrating care; (7) the belief that healing happens in relationships; and (8) the understanding

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that recovery is possible (Guarino, Soares, Konnath, Clervil, & Bassuk, 2009). This article describes the creation and evaluation of a trauma-informed publicly funded behavioral health system for children and adolescents in the City of Philadelphia that included the implementation of trauma-focused cognitive-behavioral therapy (TF-CBT), an evidence-based practice (EBP) for traumatized youth. Proven efficacious (Chaffin & Friedrich, 2004), TF-CBT incorporates many key trauma-informed principles, such as psychoeducation to help families understand trauma and its impact; safety planning to prevent re-traumatization; and focusing on recovery through the creation of the trauma narrative and cognitive processing of the traumatic event (Cohen, Mannarino, & Deblinger, 2006).

This case study reflects the shared perspectives of the community-academic partners who contributed to these efforts to build a trauma-informed system. The PACTS team includes policy-makers, leadership from community mental health agencies, and a university-based evaluation team.

The objectives of this manuscript are as follows:

- 1, Describe the context within which the trauma-informed system and the evaluation were developed.
- 2, Describe the implementation science framework that guides the evaluation.

3, Present data with regard to implementation determinants and outcomes.

4, Provide recommendations, based on lessons learned, for developing and evaluating a trauma-informed public behavioral health system that links to other youth-serving systems.

1.1. Context

Philadelphia is a large, diverse city of over 1.5 million people. Residents include African Americans (42%), Caucasians (37%), Hispanic/Latinos (13%), Asians (6%), and individuals of other origins (2%; The Pew Charitable Trusts, 2013). Philadelphia’s poverty rate is among the highest in the nation (The Pew Charitable Trusts, 2013); educational levels are well below national averages, and unemployment rates in low-income neighborhoods are over 20%. In 2014, the homicide rate was 16 per 100,000 residents (The Pew Charitable Trusts, 2015). These indicators demonstrate the high trauma risk for Philadelphia’s youth. Approximately 80% of Philadelphia’s youth (approximately 350,000 children and adolescents) are enrolled in Medicaid. Public behavioral health services are managed by Community Behavioral Health (CBH), a non-profit managed care organization (i.e., ‘carve-out’) established by the City of Philadelphia that functions as a component of the

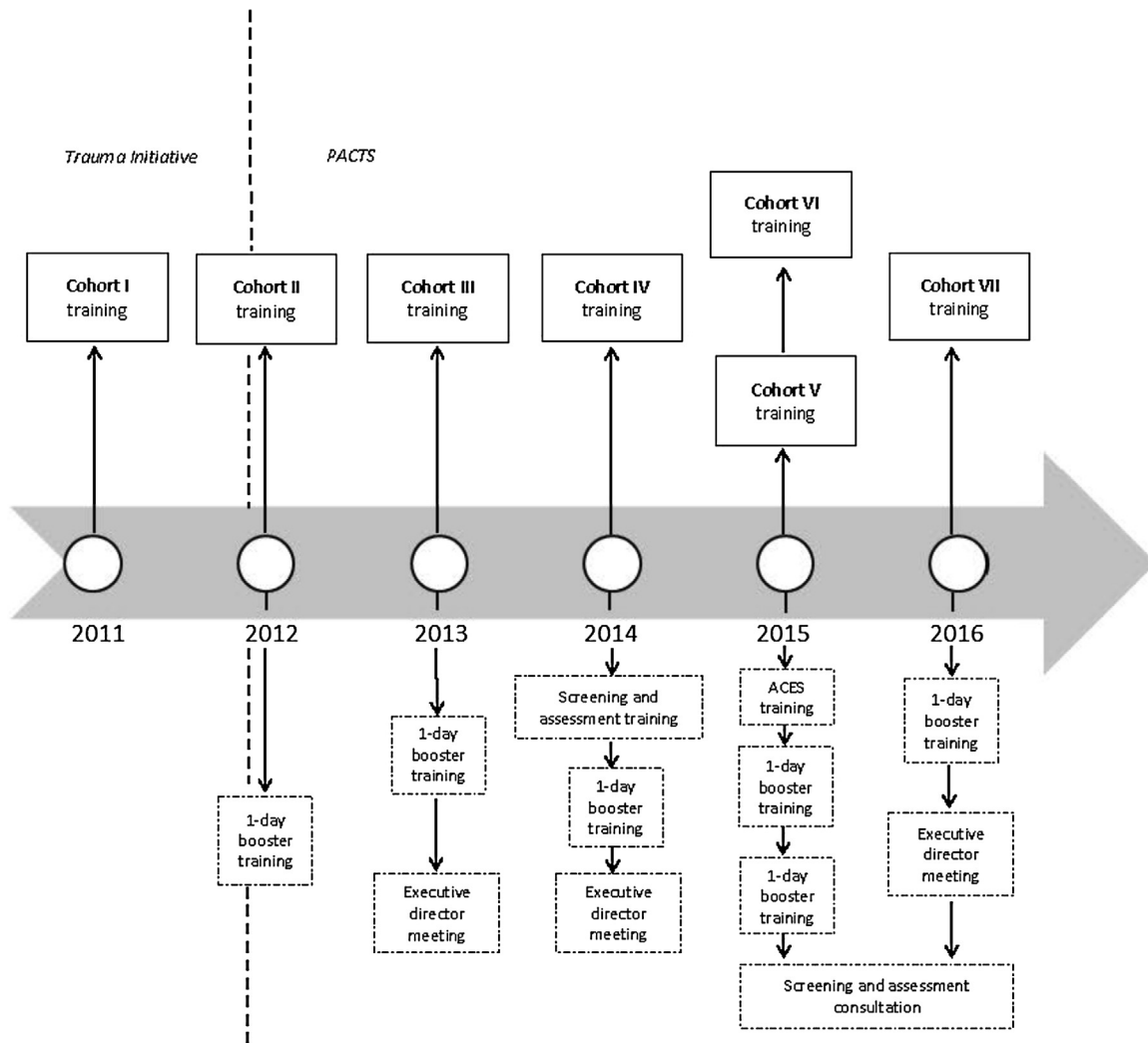


Fig. 1. Timeline of TF-CBT implementation.

Note: The trauma initiative began in 2011; the Philadelphia Alliance for Child Trauma Services (PACTS) began in 2012. This is denoted by the vertical dashed line. For each year, we note the core activities that occurred to visually depict the actions taken to build a trauma-informed public behavioral health system.

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