

Trauma Informed Therapy & Referral Options in North Dakota



**TREATMENT
COLLABORATIVE**
FOR TRAUMATIZED YOUTH

SANFORD
RESEARCH



tcty-nd.org/REACH

**Reducing Barriers
Expanding Access
Advancing Trauma
Care for Children to
Heal in North Dakota**

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Objectives

1. Explain the need for trauma-informed therapy for all North Dakota children
2. Identify three evidence-based trauma therapies for pediatric populations
3. Learn about how to access referral options for evidence-based trauma therapies for pediatric populations in North Dakota

THE PROBLEM AND NEEDS

The Needs

- Trauma exposure increases risk for posttraumatic stress disorder, depression, anxiety, externalizing problems, and chronic health problems, which necessitates early intervention and access to trauma-focused EBTs.
- Rates of trauma in ND are significant and disparities in prevalence are of concern.
- Although services for trauma are available in ND, many children and families experience significant barriers.

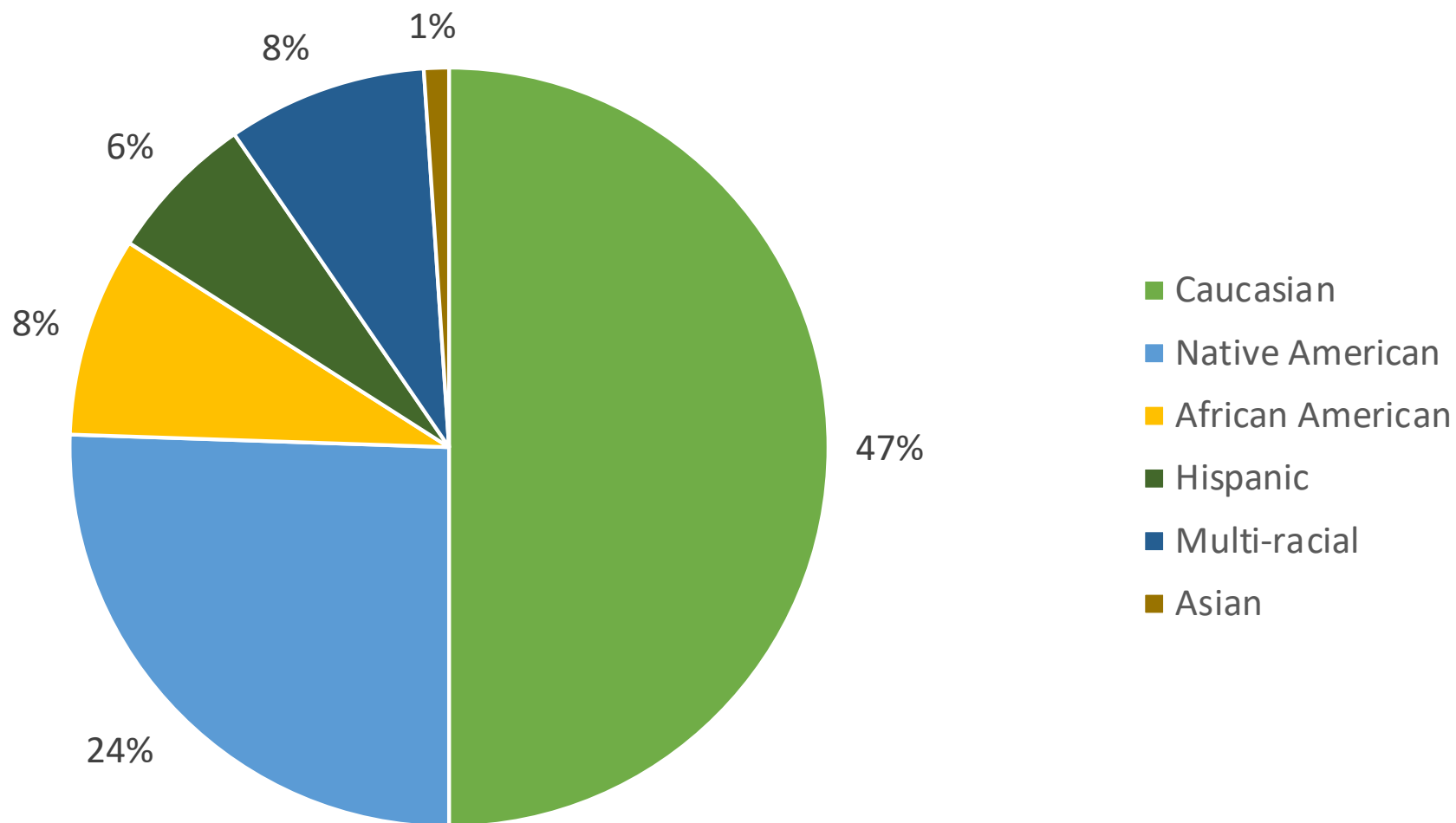


Child Maltreatment in North Dakota 2022 Data

- **16,907 reports to CPS in 2021**
- **2,809 assessments**
 - **Involving 4,764 suspected victims**
 - **26 in 1000 ND children**
- **1,132 children confirmed by CPS as victims of maltreatment**
- **1,547 children in foster care**



North Dakota Child Maltreatment Racial Demographics – 2022



Adverse Childhood Experiences (ACES) in ND

- About 40% of children in ND have experienced at least one adverse childhood experience (ACE) per parent report and 8% experienced more than 3 adverse experiences.¹⁴
- Research suggests the prevalence of traumatic events is high among several racial/ethnic minorities and rural children.^{15,16}
- A study examining ACES in ND college students found 75% of American Indian students reported one or more ACE compared to 49% of Caucasian students.¹⁷

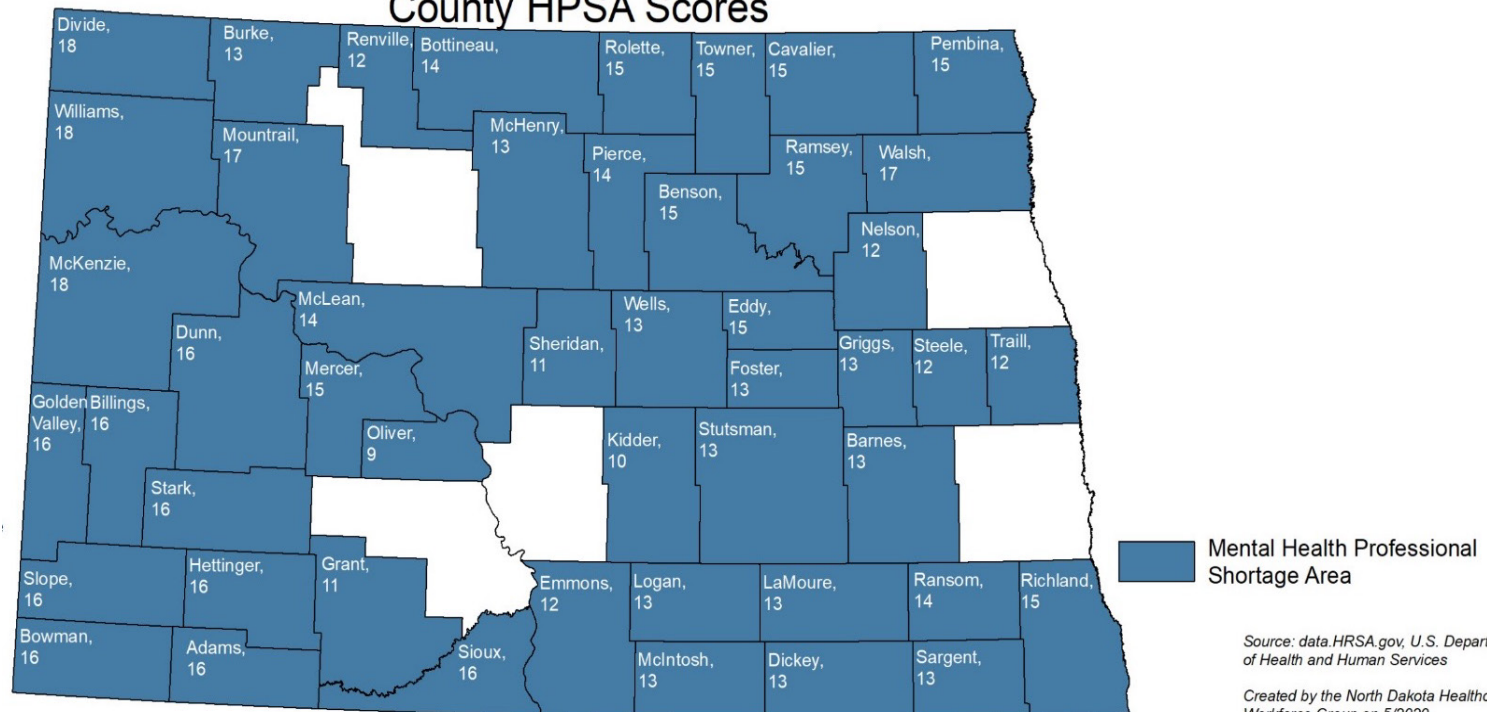


(Smith, 2017)

Mental Health Provider Shortage

- A majority (87%) of the counties in ND are fully or partially designated as mental health professional shortage areas.¹⁹
- 23 ND counties with data had greater than 1,000 individuals per mental health provider (U.S. average is 350 to 1), with one county reporting 9,420 residents to 1 provider.²⁰
- This professional shortage in ND translates to **limited access** to trauma-focused EBTs for children and families.

County HPSA Scores

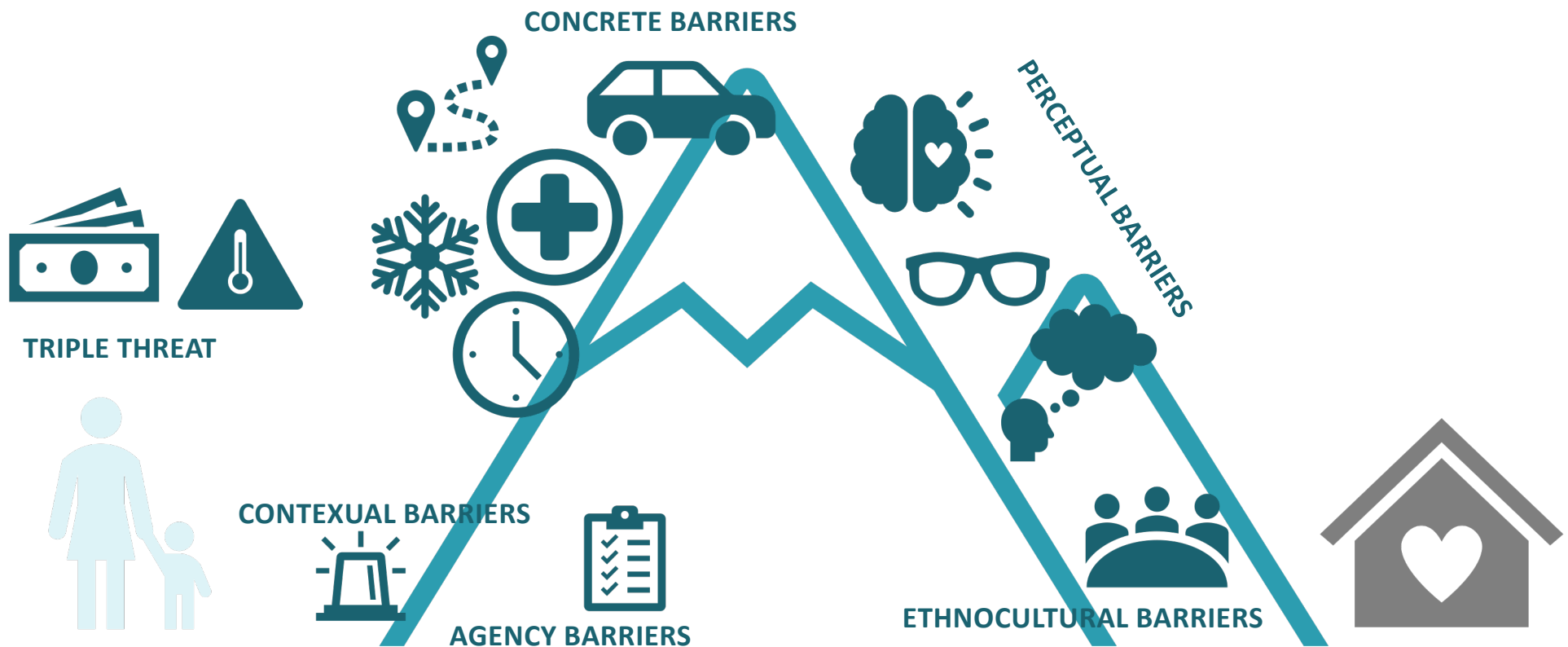


Source: data.HRSA.gov, U.S. Department of Health and Human Services

Created by the North Dakota Healthcare Workforce Group on 5/2020



Overwhelming Barriers





tcty-nd.org/REACH

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- *Reduce barriers and increase access to trauma services throughout the rural and frontier regions of North Dakota with equitable care delivery as core consideration.*
- Procedures for intensive engagement & telehealth.
- Care coordination with enhanced engagement strategies.
- Decrease barriers to telehealth treatment by enabling at-home access.

Trauma Screening Tool

Pediatric Traumatic Stress Screening Tool 6–10 years of age

Sometimes **violent** or **very scary** or **upsetting** things happen. This could be something that happened to your child or something your child saw. It can include being badly hurt, someone doing something harmful to your child or someone else, or a serious accident or serious illness.

Has something like this happened to your child **recently**? Yes No

If 'Yes,' what happened? _____

Has something like this happened to your child **in the past**? Yes No

If 'Yes,' what happened? _____

If you checked 'yes' on either question above, please continue below.

Select how often your child had the problem below in the past month.
Use the calendars on the right to help you decide how often.



| How much of the time during the past month... | | None | Little | Some | Much | Most |
|---|--|------|--------|------|------|------|
| 1 | My child has bad dreams about what happened or other bad dreams. | 0 | 1 | 2 | 3 | 4 |



Scan me!



WHY USE EVIDENCE-BASED THERAPY

A large and growing body of research from the past 20 years has shown that typical play therapy and other non-directive mental health treatment approaches are not effective at addressing trauma related symptoms for children.

Specialized training is important for best outcomes as some child-focused mental health EBTs have consistently been shown to be more effective at reducing trauma-related symptoms than other common child therapies. We want all children to have access to evidence-based trauma-specific therapies.



Trauma EBT – Young Children

CHILD PARENT PSYCHOTHERAPY (CPP)

AGES 0-6

Caregiver Component

Effective multiple types of trauma

Reduced trauma symptoms, improved attachment security, positive child attributes, improved child cognitive functioning

Improved parenting skills and maternal trauma symptoms

(Lieberman, et al., 2018)

PARENT CHILD INTERACTION THERAPY (PCIT)

AGES 2-7 (+Toddler, 8-12 y/o)

Caregiver Component

Effective multiple types of trauma

Reduced behavioral problems, trauma symptoms

Reduced parenting stress, parental MH concerns, negative parenting strategies,

Warren, et al., 2022)

Trauma EBT – Acute Period after Trauma

CHILD AND FAMILY TRAUMATIC STRESS INTERVENTION (CFTSI)

AGES 7-18

Caregiver Component

Effective for multiple types of trauma. Starts within 45 of event/disclosure

Reduce trauma symptoms. Prevent development PTSD.

Improved family communication, reduced parental trauma symptoms



(Hahn, et al., 2019)

Trauma EBT – High Conflict, Abuse

ALTERNATIVES FOR FAMILIES

COGNITIVE BEHAVIOR THERAPY (AF-CBT)

AGES 5-17

Caregiver Component

High conflict, physical abuse

Improved trauma symptoms, reduced child externalizing behavior, anger, anxiety, improved social competence, sense of safety

Improvements in service systems (e.g., abuse risk, family dysfunction) and safety (e.g., threats of force, child to parent minor assault)



(Kolko, et al., 2018)

Trauma EBT – Most Researched, Versatile

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

AGES 3-18

Caregiver involvement

Effective for multiple types of traumatic experiences

Reduced trauma symptoms, externalizing behaviors, depression

Improved parenting skills and support, reduced caregiver distress

Enhancements to model to meet the needs of specific populations such as LGBTQ+ youth, Native American Youth, trafficked youth and others

TF-CBT demonstrates better results compared to control, TAU, or active treatment



Referral Options to Evidence Based Trauma Therapy

Looking for Trauma Therapy?



REACH Organizations

Sanford Traumatic Stress Treatment Center

Fargo, ND (701) 234-4585

<https://www.sanfordhealth.org/locations/sanford-traumatic-stress-treatment-center>

Red River Children's Advocacy Center

Fargo, ND (701) 478-2322

<https://rrcac.org/>

Dakota Children's Advocacy Center

Bismarck, ND (701) 323-5626

<https://www.dakotacac.org/>

Trauma Therapists in North Dakota



The Treatment Collaborative for Traumatized Youth offers a free, online roster to assist you in finding a therapist in North Dakota that uses evidence-based treatments.

Services are available via telehealth with an equipment loaner program.

Check it out here:
tcty-nd.org/reach



www.tcty-nd.org/clinicians/



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Find A Clinic

3. Need this information for later? Download a customized report once you've found what you need.

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Clinicians

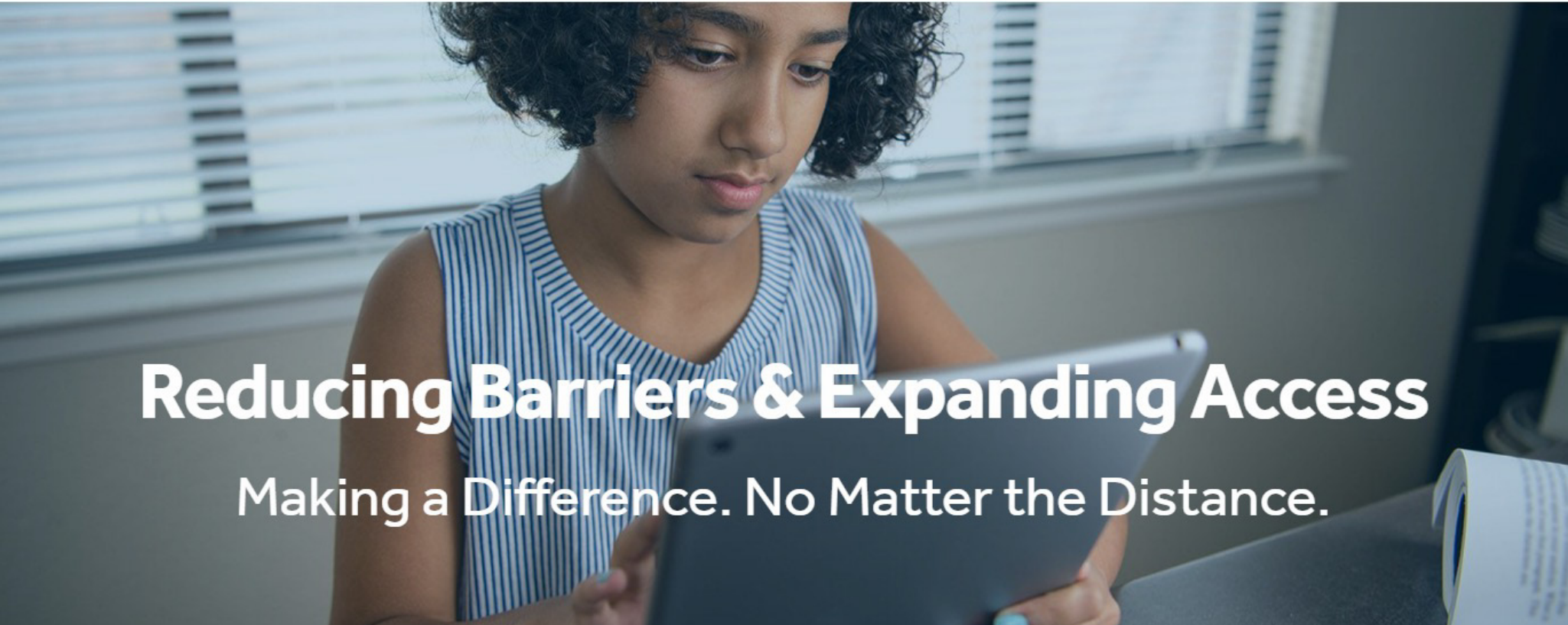
Columns

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Search: _____

| First Name ▲ | Last Name ▲ | Agency Name ▲ | Agency City ▲ | Agency Type ▲ | Child and Adolescent Treatments ▲ | Adult Trea... ▲ | Agency Phone Number ▲ | Agency Website ▲ |
|--------------|-------------|--|---------------|---------------|--|-----------------|-----------------------|--|
| First ... | Last Name | Agency Name | Agenc... | Agenc... | Child and Adolesc... | Ad... | Agenc... | Agency Website |
| Abbigail | Wehling | Dakota Children's Advocacy Center | Bismarck | Outpatient | TF-CBT, TF-CBT for CSEC | | (701) 323-5626 | https://www.dakotacac.org/ |
| Abigail | Tang | Red River Children's Advocacy Center | Fargo | Outpatient | TF-CBT, CFTSI, TF-CBT for CSEC, SPARCS | | (701) 478-5881 | https://www.rrcac.org/ |
| Alana | Johnston | A. Johnston Therapy, PLLC | Grand Forks | Outpatient | TF-CBT | | (701) 757-0292 | https://www.ajohnstontherapy.com/ |
| Alana | Semchenko | Decoteau Trauma Informed Care and Practice | Bismarck | Outpatient | TF-CBT | | (701) 751-0443 | |
| Alexan... | Schulz | The Village Family Service Center - Minot | Minot | Outpatient | TF-CBT, TF-CBT with Telehealth | | (701) 595-0604 | https://www.thevillagefamily.org/ |
| Alissa | Fugazzi | Resilient U, PLLC | Grand Forks | Outpatient | TF-CBT, AF-CBT, SPARCS | | (701) 746-0770 | https://www.resilient-u.com |
| Allison | Flink | The Village Family Service Center - Bismarck | Bismarck | Outpatient | TF-CBT | | (701) 255-1165 | https://www.TheVillagefamily.org |
| Allyson | Rust | New Story | Fargo | Outpatient | TF-CBT | | (701) 526-4898 | https://www.Newstoryfargo.com |
| Alyssa | Weber | North Central Human Service Center | Minot | Outpatient | TF-CBT | | (701) 857-8500 | https://www.nd.gov/DHS/locations/regionalhsc/... |

Case Examples



Reducing Barriers & Expanding Access
Making a Difference. No Matter the Distance.

Questions

