Trauma Adapted Family Connections (TA-FC): AT-A-GLANCE

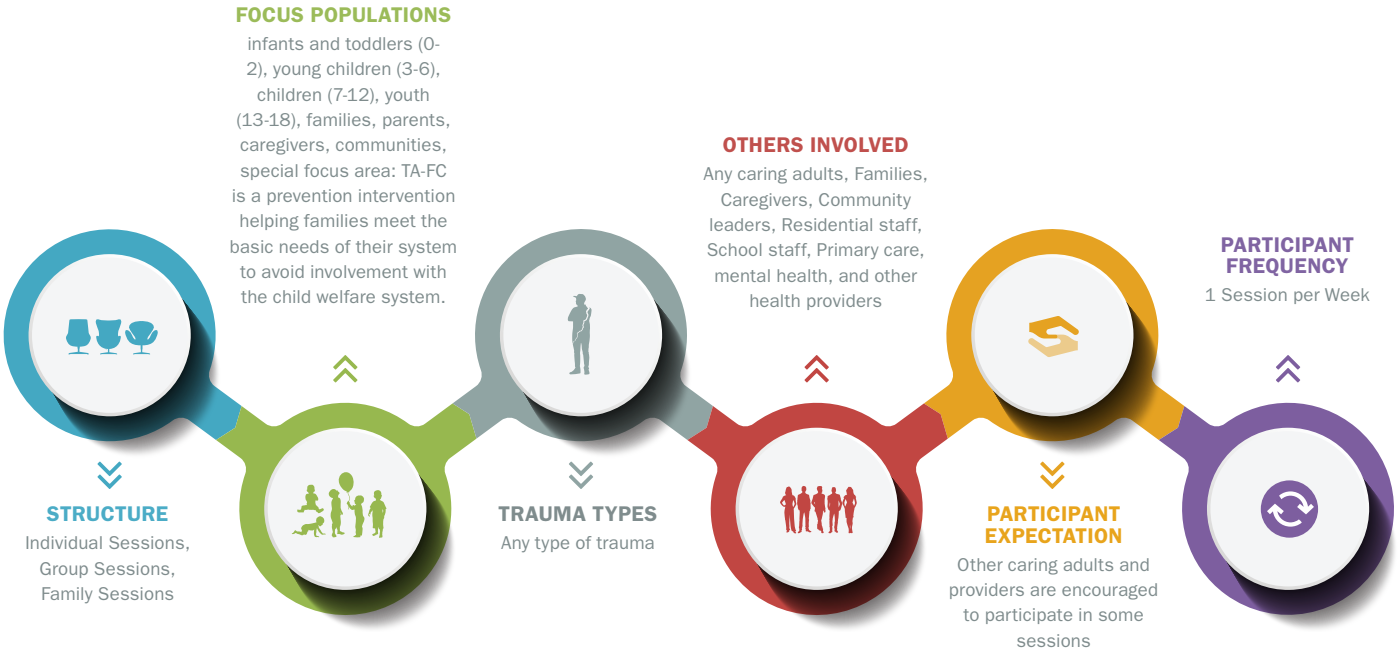
What is TA-FC?

Families who experience urban poverty and are exposed to chronic and complex traumatic stress are also at risk for child maltreatment. There is a paucity of family focused, trauma-informed evidence-based interventions aimed to alleviate trauma symptomatology, strengthen family functioning, and prevent child abuse and neglect. Trauma Adapted Family Connections (TA-FC) is a manualized, evidence supported and trauma-focused preventive intervention developed to address the glaring gap in services for this specific, growing, and underserved population. All families receive a comprehensive family assessment, emergency assistance, and a service plan to address trauma symptomatology using a family framework. There are three treatment phases based on the core components of trauma treatment with each phase lasting approximately two months. The majority of services are delivered weekly in the home or community setting of the family.

What are the goals of TA-FC?

1. Increase family and community protective factors while decreasing risk factors to prevent child maltreatment and neglect.
2. Decrease symptomatology of trauma, depression, anxiety, and somatic issues within caregivers and their children to strengthen family safety, relationships, functioning, and community belonging.
3. Increase professional development and training of practitioners and clinicians working with families using trauma dynamic interventions within the fields of mental/behavioral health, child welfare and health.

What does TA-FC look like?



Trauma Adapted Family Connections (TA-FC): AT-A-GLANCE

Additional Information

Families are referred to TA-FC because they are struggling to meet the basic needs of their children and are at risk for child maltreatment. Through a collaborative process, trauma is identified as a contributor to these struggles. Families are often at risk of neglect and their histories include complex developmental trauma. Themes of collaboration, reflection, and transparency are infused throughout three phases of treatment to assist families with their shared meaning making of their trauma experiences. TA-FC strategies include engagement, trauma informed family assessment, safety building, meeting basic needs, service planning, psychoeducation, strengthening family and community relationships, emotion identification and affect regulation, and shared meaning making.

What is the commitment?

TA-FC requires at least six months of weekly meetings with each of the three treatment phases lasting approximately two months. The three phases of TA-FC are not only complimentary, but they also build upon one another; however, because our strategies accommodate the iterative nature of clinical social work, practitioners and families are encouraged to revisit specific components of each phase, when applicable.

Clinician professional development related to secondary traumatic stress is also addressed in the fidelity requirements of the TA-FC model. Monitoring providers' reactions and resilience safeguards their well-being and decreases contamination of practice. Essential strategies include a daily regimen of self-care practices, self-reflection, and professional consultation that bolster clinicians' tools to cope with traumatic material and stress. Written assessment tools, interviews, behavioral observations, and environmental screeners are used in assessment.

LOCATION:
Anywhere you and your provider decide, In your home, In a provider's office, Virtually/via telehealth, In a school, In a community setting

How do we know it works?

TA-FC has Practice-based evidence and Research evidence to support its benefits.

TA-FC was developed by Kathryn S. Collins and Frederick Strieder in collaboration with families and colleagues at the University of Maryland School of Social Work, for children, youth, and families in the Baltimore area. The majority of children, youth, and families involved in the development of this model identified as Black, lived in an urban environment, and spoke English at home.

Additionally, since initial development, TA-FC has been replicated in suburban and rural environments as well as with immigrant and forcibly displaced families living in the United States who speak a variety of languages. There are translations of TA-FC materials available for children, youth, and families in Spanish, Swahili, and Arabic. Learn more on page 4.

For more information explore the next several pages or check out:

https://www.ssw.umaryland.edu/tafc/

TA-FC: THE EVIDENCE

What types of evidence are available for TA-FC?

- ❒ Evidence-based Treatment
- ❒ Practice-Based Evidence
- ❒ Culturally and Socially Embedded Practice Based Evidence
- ❒ Pilot Study
- ❒ Program Evaluation

Where can I learn more about the evidence?

- Child Attributions Mediate Relationships Between Violence Exposure and Trauma Symptomology
- Trauma Adapted Family Connections: Reducing Developmental and Complex Trauma Symptomatology to Prevent Child Abuse and Neglect
- Managing and adapting practice: A system for applying evidence in clinical care with youth and families.
- Online training: Trauma Adapted-Family Connections
- Collins, K.S., Bledsoe, S.E., Daniel, L., Watkins, R. Caregiver Depression, Child Dissociation, and Trauma: The Context of an Intergenerational Relationship.

How is TA-FC measured in real time?

Program staff members evaluate direct service delivery and adherence to TA-FC fidelity criteria through a review of fidelity and evaluation documents, standardized instruments, case records, management information system reports, and supervision. Agencies are encouraged to support evaluation and finance teams in analyzing data to assess the program's effectiveness and cost.

What changes for the better as a result of TA-FC?

TA-FC was designed to reach children and families who may be at risk of entering the child welfare system. The prevention intervention supports families in meeting their basic needs, as well as supporting relevant trauma symptomatology, before a report of child abuse or neglect would be required, thus warranting a response from the system.

What do the numbers tell us (i.e., quantitative data)?

The initial sample included 54 caregivers (and 86 children) who met eligibility criteria for TA-FC. Significant decreases were observed based on child self-report of trauma symptomatology from baseline (M=34.41, SD=15.69) and closing. Caregiver symptomatology average scores decreased significantly between baseline (M=56.28, SD=14.48) and closing (M=43.41, DS+15.86; t=5.69).

> ***"Before my social worker came, I always had grungy eyes. They helped me to feel better and take better care of my children. I never believed that they would come back when I didn't answer my door the first time, but they did."***
>
> – TA-FC participant

What do the stories tell us (i.e., qualitative data)?

Families participated with the TA-FC team to develop the model. Further, they have participated in presentations related to their participation in the program to provide their expertise to practitioners who are being trained. Using/Modeling a narrative approach, families who have graduated from TA-FC offer practitioners firsthand accounts of what they believe worked and best practices.

TA-FC: ADAPTABILITY AND ACCESSIBILITY

What is the history of TA-FC?

TA-FC was born out of an identified need for a trauma adaptation of the existing Family Connections (FC) model. A secondary data analysis of FC client baseline determined that approximately 50% youth receiving services from FC scored in the clinical range for posttraumatic stress on the CBCL (Collins et al., 2011). Several theories and perspectives informed the development of TA-FC modules and strategies, including trauma theory and the eco-structural model (Aponte, 1994). The TA-FC development team consisted of trauma clinicians, researchers, and community representatives. A family partnership group comprised of six families who completed FC services met quarterly to provide feedback on model development. The developers conducted an in-depth literature search using databases (e.g., MEDLINE, PILOTS, and PsycINFO) and identified core conceptual components of empirically based trauma informed family therapy strategies, consulting internationally recognized trauma clinicians and families.

How did TA-FC developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by racism and trauma?

The development team identified the need for the trauma adaptation of FC based on secondary analysis of FC client baseline data. The team enlisted the help of families from the community as well as those who graduated from the TA-FC program to continuously adapt the model to meet the needs of families, which is also a model fidelity requirement.

What is the role of TA-FC providers in tailoring the model for individuals, families, and communities?

Each agency is responsible with the aid of the developers for creating an agency-specific manual tailored to the population which they serve. This not only creates flexibility with the fidelity of the model, it also tailors the model to ensure goodness of fit. This is a critical part of the initial training development with inter-agency trainers and is an essential component of fidelity.

How are lessons learned from individuals, families, communities and providers used to keep improving TA-FC?

Each TA-FC program has their own meeting with interested parties, which involves representatives from individuals, families, communities, and providers in order to discuss and implement improvements for every program in which TA-FC services are provided. Again, convening this group to review services and discuss changes is an essential component of fidelity requirements for the model.

Resources and materials are available:

- In more than one language – English, Spanish, Swahili, Arabic. Clinical materials were found in multiple languages to support client-worker interaction.
- In more than one format – materials are available in written, video, and audio form, with closed captions and alt text on video and web materials. Media reflects providers and families that use the model (i.e., race, age, ability).
- For more information on adaptation and access, contact Kathryn S. Collins at kcollins@ssw.umaryland.edu.

TA-FC:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE TA-FC

Provider prerequisites:
- Experience: Complete online and didactic training, technical assistance
- Education: Bachelor's level, Master's level preferred
- Licensure: Essential

Trained providers can:
- Deliver TA-FC
- Earn certification in TA-FC

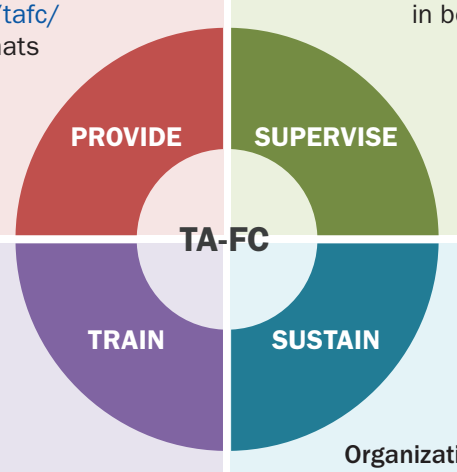
Access for Provider Training:
- Through nationally endorsed trainers https://www.ssw.umaryland.edu/tafc/ in both in-person and virtual formats

TO SUPERVISE TA-FC

Supervisor prerequisites:
- Meet provider prerequisites
- Attend supervisor-level training
- Certification as TA-FC supervisor required

Trained supervisors can:
- Supervise others in TA-FC
- Earn supervisor certification in TA-FC
- Provide consultation to others about TA-FC

Access for Supervisor Training:
- Through nationally endorsed trainers https://www.ssw.umaryland.edu/tafc/ in both in-person and virtual formats



TO TRAIN TA-FC

Trainer prerequisites:
- Meet provider and supervisor prerequisites
- Attend trainer-level training
- TA-FC trainer certification
- Complete established trainer process (details on page 6)

Approved trainers can:
- Train within their own organization
- Train providers, supervisors, and other trainers
- Support national trainings with consultation from Kathryn S. Collins

Access for Trainer Training:
- through nationally endorsed trainers https://www.ssw.umaryland.edu/tafc/ in both in-person and virtual formats

TO SUSTAIN TA-FC

Organization prerequisites:
- Discussions on readiness and fit
- Adjust workloads for providers to participate in training and implementation
- Regular ongoing communication with trainers or developers

Organizations can:
- Earn certification status
- Prove training in evidence-supported model for billing and insurance
- Market certified providers and supervisors
- Train new staff on the job by in-agency trainers

Access for Organizational Readiness Supports:
- Continuing education at cost
- Consultation for senior leaders
- Connection to other organizations using model
- Assessment resources/supports at cost
- Ongoing fidelity review

TA-FC:
MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE TA-FC

- **Training cost:** Training costs depend on the number of practitioners/clinicians within the agency.
- **Time Commitment:** Generally, TA-FC trainers work with an agency for an average of 18 months. Providers adapt the TA-FC manual for their agency, complete online and synchronous training, and 6 months of weekly technical assistance. Fidelity review at 6 and 12 months.
- **Additional Details:** Agencies may identify individuals who they would like to become internal trainers to sustain the model. The TA-FC team works with these individuals to help them earn their training certification.

SUPERVISE TA-FC

- **Training cost:** No additional training cost for supervisors.
- **Time Commitment:** Support ongoing TA-FC training and technical assistance for providers to gain supervisor and training level skills.
- **Additional Details:** To view the proposed implementation plan, visit https://www.ssw.umaryland.edu/tafc/ and click "Proposed Implementation Plan."

TRAIN TA-FC

- **Training cost:** No additional training cost for internal agency trainers.
- **Time Commitment:** Support ongoing TA-FC training and technical assistance for providers to gain supervisor and training level skills. Provide a training observed by a TA-FC certified trainer.
- **Additional Details:** To view the proposed implementation plan, visit https://www.ssw.umaryland.edu/tafc/ and click "Proposed Implementation Plan."

SUSTAIN TA-FC

- **Training cost:** Additional training by TA-FC trainers for new hires when current staff have not met certification for internal trainer status will be the same as initial training costs.
- **Time Commitment:** NA
- **Additional Details:** To view the proposed implementation plan, visit https://www.ssw.umaryland.edu/tafc/ and click "Proposed Implementation Plan."

To learn more about providing, supervising, training, or sustaining, please see https://www.ssw.umaryland.edu/tafc/ or email kcollins@ssw.umaryland.edu.

The Trauma Adapted Family Connections (TA-FC): At-A-Glance was reviewed and approved for accuracy by TA-FC representatives in July 2024.

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