NCTSN The National Child Traumatic Stress Network

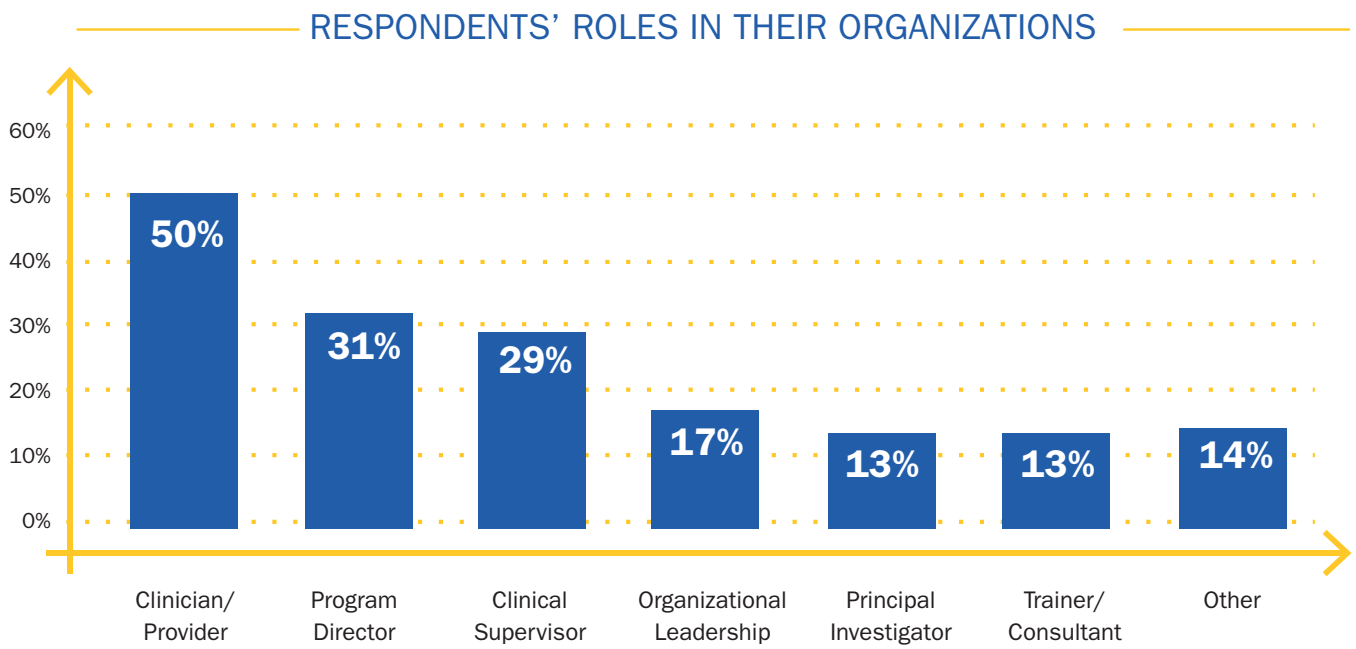
NCTSN Engagement, Inclusion, and Retention Survey

Date of Report: 06.02.2023

Engagement, retention and inclusion of youths and caregivers with complex trauma/Developmental Trauma Disorder (DTD) in evidence-supported treatment has been an area of concern for programs and providers (Becker et al., 2011; Gopalan et al., 2010).[1,2] The purpose of this preliminary survey was to assess how NCTSN and affiliated trauma treatment providers perceived levels of engagement & inclusion for their own program and the youth and families they serve. Strengths, innovative strategies to promote engagement, concerns, and recommendations from respondents are summarized below.

Survey Respondents:

The **111 survey respondents** were primarily affiliated with the NCTSN (91%) in some manner; either as a Category II (14%) or III (33%) grantee center or an individual (13%) or organizational (31%) affiliate. Respondents had various and multiple, roles in their organizations including:



1 Becker, J., Greenwald, R., & Mitchell, C. (2011). Trauma-informed treatment for disenfranchised urban children and youth: An open trial. Child & Adolescent Social Work Journal, 28(4), 257–272. https://doi.org/10.1007/s10560-011-0230-4

2 Gopalan, G., Goldstein, L., Klingenstein, K., Sicher, C., Blake, C., & McKay, M. M. (2010). Engaging families into child mental health treatment: Updates and special considerations. Journal of the Canadian Academy of Child and Adolescent Psychiatry / Journal de l'Académie canadienne de psychiatrie de l'enfant et de l'adolescent, 19(3), 182–196. PMCID: PMC2938751

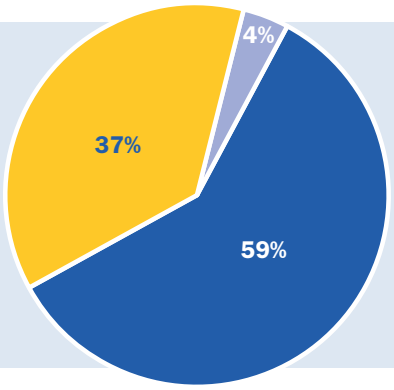
Strengths

- Most respondents feel at least 'somewhat' prepared to engage with youth and families
- Most respondents indicated their programs assess trauma exposure, PTSD symptoms & resiliency factors of youths

Almost all respondents (96%) felt at least somewhat prepared to engage, sustain engagement, collaborate, and promote inclusive practices with youth and their families, with 37% feeling very prepared.

Most providers indicated they or their programs were assessing broad areas including resiliency factors (85%), trauma exposure (86%) and PTSD symptoms of youths (81%). A smaller number indicated that assessments for PTSD included diagnostic criteria such as intrusion (73%), avoidance (77%), cognition and mood changes (77%), and arousal and reactivity changes (76%).

A majority of providers indicated they conducted assessments regarding impaired caregivers (72%), death/loss (77%), and interpersonal violence within families (78%) and outside of families (73%). Two-thirds of providers included assessments of attachment relationships (66%).



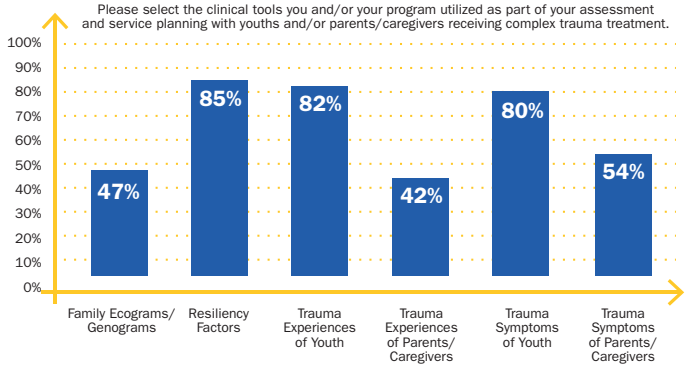
Respondents' Feeling of Being Prepared to Engage with Youth & Families (n = 79)

Please select how prepared you currently feel to engage, sustain engagement, collaborate, and promote inclusive practices with youths and families served by your program or practice.

- NOT AT ALL PREPARED
- SOMEWHAT PREPARED
- VERY PREPARED

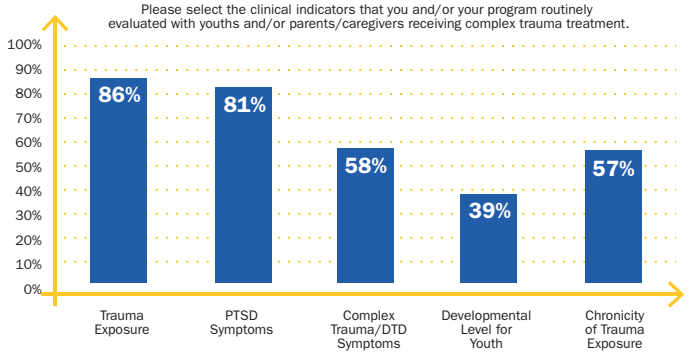
CLINICAL TOOLS UTILIZED

Please select the clinical tools you and/or your program utilized as part of your assessment and service planning with youths and/or parents/caregivers receiving complex trauma treatment.



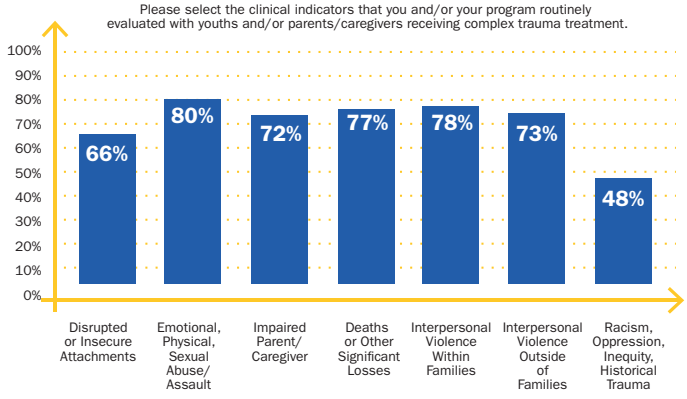
CLINICAL INDICATORS EVALUATED

Please select the clinical indicators that you and/or your program routinely evaluated with youths and/or parents/caregivers receiving complex trauma treatment.



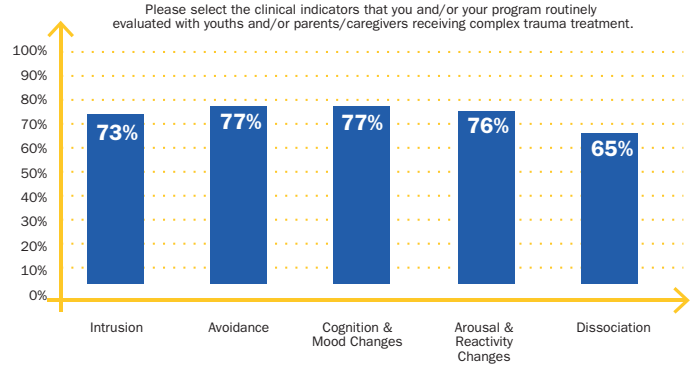
TRAUMA EXPOSURES EVALUATED

Please select the clinical indicators that you and/or your program routinely evaluated with youths and/or parents/caregivers receiving complex trauma treatment.



PTSD SYMPTOMS EVALUATED

Please select the clinical indicators that you and/or your program routinely evaluated with youths and/or parents/caregivers receiving complex trauma treatment.



Concerns

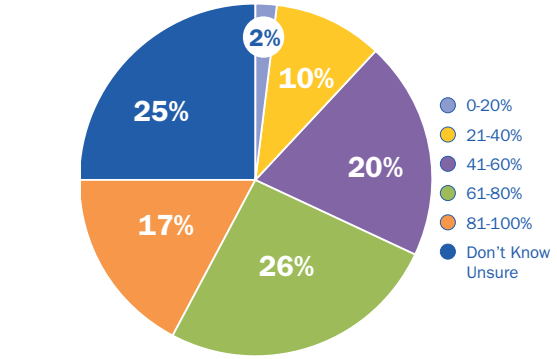
- Engagement & retention often insufficient to significantly reduce trauma symptoms
- Inconsistent collection or use of engagement, retention & inclusion program evaluation data to improve treatment
- Relatively low rates of assessing clients' developmental level, attachments, Complex Trauma symptoms, historical trauma/racism/oppression, family assessment tools (e.g., Ecograms, genograms, parent/caregiver trauma exposure & trauma symptoms)

Attrition vs. Treatment Completion

Only a small number of respondents (17%) indicated that the vast majority of youths with complex trauma in their programs completed at least 10 or more evidence-supported treatment sessions; and only 8% indicated that the majority of caregivers completed at least 10 sessions. Only 11% of respondents indicated that youths/families with complex trauma in their programs typically (i.e., more than 80% of the time) stayed in treatment long enough to significantly reduce trauma symptoms. One-quarter of respondents were unsure how many youths and caregivers completed at least 10 sessions and 31% were unsure whether the number of sessions completed were sufficient for the youth and families. Most respondents (62%) were either not aware if their programs measured attrition or indicated attrition was not measured.

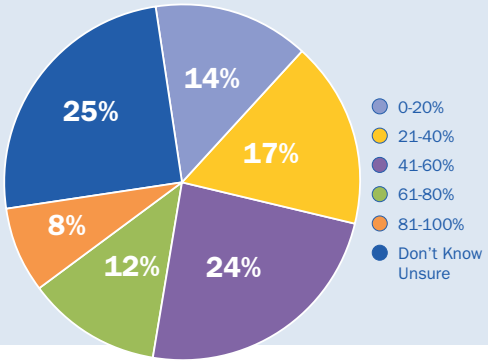
Youth Completing at Least 10 Sessions (n=84)

What percentage of youth with complex trauma participated in at least 10 sessions of evidence-supported complex trauma treatment?



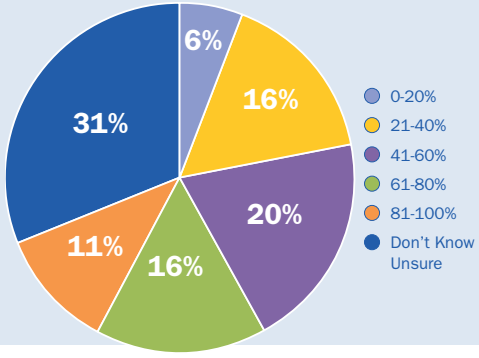
Caregivers Completing at Least 10 Sessions (n=84)

What percentage of parents/caregivers of youth with complex trauma participated in at least 10 sessions of evidence-supported complex trauma treatment?



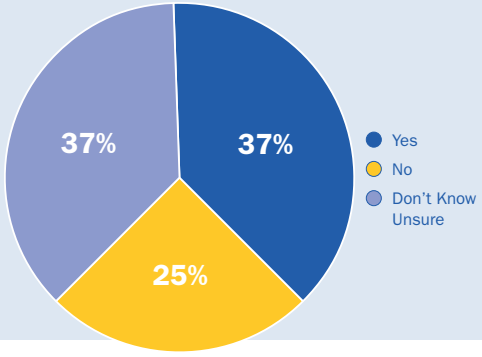
Youth/Families Completing Sufficient Sessions (n=84)

What percentage of youth with complex trauma and their parents/caregivers participated in a sufficient number of sessions of evidence-supported complex trauma treatment leading to significant reduction or trauma?



Attrition Rates Among Youth/Families Measured by Program (n=75)

Does your program measure attrition or drop-out rates amongst youths and/or parents/caregivers receiving evidence-supported trauma-informed services?

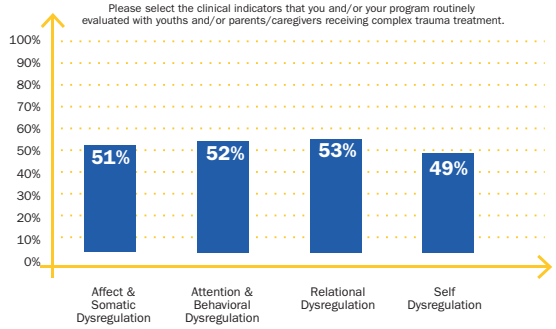


Complex Trauma Assessments

Survey results highlighted how assessments could be expanded, building on current NCTSN practices, to increase implementation of collaborative evidence-supported complex trauma treatment. Approximately half of respondents reported assessing for complex trauma symptoms in youths, including affect and somatic dysregulation (51%), attention and behavioral dysregulation (52%), relational dysregulation (53%), and self-dysregulation (49%). Respondents indicated that developmental levels of youth were also routinely evaluated in the areas of social-emotional (38%), cognitive (37%), sensory motor (27%), and gross motor skills (24%).

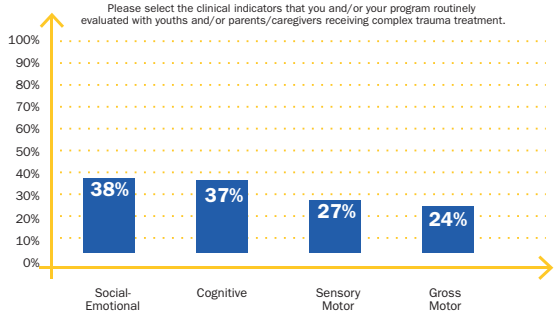
COMPLEX TRAUMA SYMPTOMS EVALUATED

Please select the clinical indicators that you and/or your program routinely evaluated with youths and/or parents/caregivers receiving complex trauma treatment.



DEVELOPMENTAL LEVEL EVALUATED

Please select the clinical indicators that you and/or your program routinely evaluated with youths and/or parents/caregivers receiving complex trauma treatment.



Recommendations from Respondents

Survey respondents shared examples of agency and clinician practices that they have found conducive for maximizing engagement and retention, including but not limited to the following themes:

Psychoeducation about trauma impact & symptoms, psychoeducation about therapy process	**Wide range of options for treatment to decrease barriers, including in-home/in-community therapy, telehealth, phone sessions, access to language interpreters, case management, advocacy & collaboration with other community providers**	**Inclusion of youth and caregivers in treatment goal setting and planning**
Staff training & supervision for specific/advanced trauma treatment issues	**Inclusion of creative techniques incorporated in EBTs (music, movement, drumming, spirituality, nutrition, therapy dogs, creative arts).**	**Systems-wide program engagement including administrative and board of directors' support for complex trauma/DTD assessments and treatment.**

Next Steps

- Pilot Complex Trauma assessment framework
- Conduct focus groups
- Develop practice paper

This was a limited survey conducted by the Guiding Stars Project of the NCTSN Complex Trauma/DTD Workgroup and the NCTSN Data & Evaluation team to elicit the expertise of trauma therapists and trauma therapy program leaders to highlight what is being done now and what can be done to improve engagement, retention and inclusion of youths and families with complex trauma.

Next steps include:

- Focus groups to identify recommended strategies for overcoming obstacles and challenges to engagement, retention & inclusion;
- Pilot studies with NCTSN and affiliated site programs to test expanded assessments and other strategies
- Development of a practice paper outlining practical steps programs can take to increase engagement, retention & inclusion. This paper will build on survey results, a literature review, focus groups, & pilot studies.

Interested in helping the Guiding Stars Project develop strategies & tools to promote engagement, retention & inclusion? Looking for strategies you can implement in your program?

If you If you are interested in participating in focus groups or pilot studies, please contact: the Adelphi University Institute for Adolescent Trauma Treatment & Training: iattt@adelphi.edu

If you would like to learn about strategies and tools developed by the Guiding Stars Project, please see our recently published article, *Development of a Differential Assessment Guide to Improve Engagement with Youths & Families Living with Chronic Trauma*. A full-text view-only version is available from the *Journal of Child & Adolescent Trauma* at: https://rdcu.be/cWtg0.

If you would like to see a complete copy of survey results, please contact the Data and Evaluation Program (DEP) at data@nctsn.org.

CITATION

Knoverek, A, Kagan, R., Pressley, J., Duffy, S., Labruna, V, Lanktree, C., Espinoza, R., Henry, J., Habib, M.,. Blaustein, M., & Spinazzola, J., Tunno, A.M, Smith, C., Pankey, T.L., Trunzo, C., Siddiqui, S., Cooke, A.N., & Staten, J.L. (2023). NCTSN Engagement, Retention & Inclusion Survey and Summary Report. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

This project was a collaboration between the Guiding Stars Project Team - Angel Knoverek, Richard Kagan, Jana Pressley, Sophia Duffy, Victor Labruna, Cheryl Lanktree, Rosa Espinoza, Jim Henry, Mandy Habib, Margaret E Blaustein, and Joseph Spinazzola and the NCCTS DEP Team - Angela Tunno, Courtney Smith, Tyson Pankey, Carrie Trunzo, Sameena Siddiqui, Alison Cooke, and Jennifer Staten.