NYU Grossman School of Medicine | NYU Langone Health

The Trauma Systems Therapy Training Center

Informational Overview

The Trauma Systems Therapy (TST) Training Center

The Trauma Systems Therapy (TST) Training Center is the primary center in the world for training, consultation, and technical assistance for the treatment model, Trauma Systems Therapy. We offer providers, provider agencies, and service systems a variety of educational vehicles to improve the care for traumatized children and families. These vehicles include lectures and full day trainings on trauma-informed care guided by TST Principles. We also offer a package of services to support agencies to fully establish and sustain TST programs, including a program to offer certification in TST for agencies, supervisors, and providers.

Since 2002, agencies and service providers across 18 states and 4 nations have benefitted from TST programs.
What is different about TST?

The TST Difference

It's all about context! Children live in families, within communities, go to schools, and engage in activities among peer groups. Understanding the social contextual factors at play in a child's life is instrumental for a child's recovery from a traumatic experience. Children receive care by providers, organizations, agencies, service systems, which are overseen by supervisors. Understanding the context which an organization and service system operates is crucial for the effectiveness of an intervention. Trauma Systems Therapy is oriented to understand the context and to organize and implement care to be effective, given the context.

Engaging with the TST Training Center:

We believe that given the complex needs of service agencies, providers, and populations, a one-size-fits-all approach rarely works. Consultants from the TST Training Center are available for your educational or training needs and offer customized programs for you and/or your agency. Please contact us for a solution that will fit for you!

What is Trauma Systems Therapy?

Trauma Systems Therapy, or TST, is a treatment originally developed in the early 2000s by Glenn Saxe, MD the director of the TST Training Center, and by Heidi Ellis, PhD, of Boston Children's Hospital, to fill a critical gap in the field of traumatic stress.

To be effective, interventions must fully address the many contextual factors that lead to a child's expression of traumatic stress. These contextual factors may be found within the child's family, school, peer group, or neighborhood—any setting in which a child lives, learns, and plays. Contextual factors drive traumatic stress reactions because they serve as reminders of traumatic events the child has experienced.

Trauma Systems Therapy provides an integrated set of interventions towards what is called, *the Trauma System*, the interaction between the capacities of the traumatized child to regulate emotional states and the capacity of those around the child to help with this regulation. We call these emotional states Survival States because a child is perceiving certain stimuli in their environment as threatening to their survival (see the image on the following page).

TST has been successfully implemented in mental health outpatient care, residential care settings, foster care and child welfare prevention programs, in programs for refugee families and shelters for unaccompanied refugee minors, in schools, substance abuse programs, and hospitals for injured children.

THE CHILD'S TENDENCY TO SHIFT INTO SURVIVAL STATES
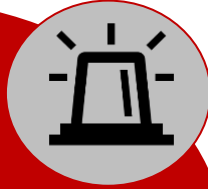
Human beings have powerful systems in their brains and bodies that promote survival in the face of threat. These systems get evoked even in situations that are relatively safe when a child or adult is reminded of their traumatic event(s). We call these responses, *Survival States.*

THE ENVIRONMENT'S TENDENCY TO TRIGGER SURVIVAL STATES

The children's social environments are supposed to feel safe and secure, but following trauma, a child may be continually exposed to reminders of that trauma by those who may not be aware of the child's triggers. Sometimes a child continues to live under actual threat.

Children are typically referred to care due to concern about situations in which the child has difficulty regulating emotional or behavioral states (e.g., panic, flashbacks, aggression, self-destructive behavior, substance abuse, risky behavior). The question that must be answered in order to help the child and family is this: How and why do these episodes of dysregulation occur? We say this is the mystery that must be solved because – usually – neither the child, nor those around them, can answer this question.

TST includes a specific assessment and treatment planning approach to solve this mystery, and a corresponding approach to engage children and families in the solution. The solution is implemented within three sequential phases of intervention called Safety-focused, Regulation-focused, and Beyond Trauma Treatment (see box on next page, "Solving Mysteries with TST.

Who Can Benefit From TST?

TST has been shown to benefit a broad range of children and families following trauma. It is typically used with children between the ages of 5 and 18 who:

1.   Have a plausible trauma history

2.   Have difficulty regulating emotional states that is plausible related to that trauma history

*Typically, a larger number of children in an agencies' caseload will meet this "entry criterion" for TST than an agency has resources to serve. During an agencies Organizational Planning process, they may specify a more restrictive entry criterion (e.g., at risk for out-of-home placement, at risk for dangerous behavior).

Solving Mysteries with TST

There is a mystery to be solved: Traumatized children lose control of their emotional and/or behavioral status in certain moments. This is usually the reason a child or adolescent is referred to treatment services. Often the child – and those around them – are unaware of what the child is reacting to, and so the child's behavior appears to be unfounded and perceived as irrational. For children with traumatic stress, their reactions do not occur randomly, but are triggered by specific signals in their environment that remind them of past trauma. Identifying these triggers is the mystery to be solved. Why does this child react so extremely to signals that most people do not notice? TST is designed to help solve this mystery and to use knowledge about its solution to develop and implement effective treatment plans for children and families. This work is completed in 6 steps, called The **TST Sequence:**

1. Assessment
Gathering the clues by observation and active listening.

2. Treatment Planning
Generating solution-guided intervention plans.

3. Treatment Engagement
Reaching an agreement with the child and family.

4. Safety-Focused Training
Ensuring a safe environment and reduce triggering events that leads to the child's dysregulated behavior.

**5. Regulation-Focused Treatment**
Utilizing interventions to build the child's capacity to regulate emotion.

6. Beyond Trauma Treatment
Routinely using behavioral regulation techniques in the child's safe environment.

The TST model is fully specified in the book, *Trauma Systems Therapy for Children and Teens* (Saxe, Ellis, Brown, 2016), published by Guilford Press. This book details the foundations of TST, its 10 Treatment Principles (shown below), its approach to assessment, treatment planning, treatment engagement, and treatment implementation within its three treatment phases. This book also details its organizational approach to integrating and supporting services, and the providers who implement these services, in the TST program.
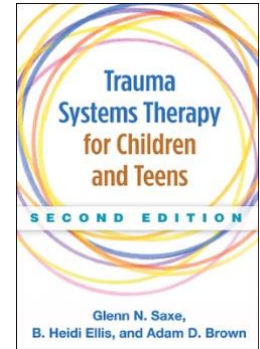
TST is implemented within a multidisciplinary team of psychotherapists, home-based providers, psychiatrists, and legal advocates who are all trained to deliver this treatment in concert, with fidelity to the TST model. During the Organizational Planning process, a TST Consultant works with an agency by examining what interventions and services are already provided within a given setting or region. We then work with our clients to create a team of providers to implement the TST model. Our goal is to help build TST teams out of existing services resources, paid for by conventional reimbursement arrangements so that the program can be sustained over time (i.e., not be largely dependent on grant funding). Sometimes this process involves interagency agreements, if one agency does not offer a specific needed service but a collaborating agency offers such a service (e.g., home-based care, psychopharmacology). TST Organizational Planning is a highly strategic process to build TST teams to last. Often, agencies and providers within specific regions can work together to apply TST in a coordinated manner, so that their interventions and services can effectively address the complex needs of the traumatized children and families in their care.

The 10 Guiding Principles of Trauma Systems Therapy

1. **Fix a broken system.**
2. **Put safety first.**
3. **Create clear, focused plans based on facts.**
4. **Don't "GO" before you are ready.**
5. **Put scarce resources.**
6. **Insist on accountability.**
7. **Align with reality.**
8. **Take care of yourself and your team.**
9. **Build from strength.**

10. **Leave a better system.**

Setting-up Your TST Program

Agencies interested in establishing TST programs arrange for active support from the *TST Training Center* over at least one year to be able to deliver TST to a sufficient number of children and families, at a sufficient quality standard, and to establish this program in such a way as to support the internal capacity of the organization to operate this program independently. The *TST Training Center* forms relationships with organizations over a 1-year period to enable this capacity. This 1-year relationship includes the following components:

Organizational Consultation

A consultant from the *TST Training Center* will be assigned to your organization and will build – with designated organizational leaders and stakeholders – a specific *TST Organizational Plan*, tailor-made to the needs of your organization. This plan will guide the training and implementation process, and will serve as a guide to implementation and accountability throughout the process of installing TST with fidelity in your organization.

TST Leadership Team

The team of organizational leaders and other stakeholders who constructed the *TST Organizational Plan* will meet monthly with the *TST Consultant* to review progress of the TST program according to the plan you have set for it and the goals you want to achieve. This process is meant to proactively troubleshoot problems as they arise and to seize opportunities to improve the quality of your TST program.

TST Treatment Team

The center of any TST program is a multidisciplinary *TST Treatment Team*, with membership and leadership established during the organizational planning process. The TST Treatment Team includes professionals representing the four core service elements of TST: clinician; psycho-pharmacologist; home & community-based worker; legal advocate. The overarching role of the *TST Treatment Team* is to manage the workflow of conducting TST care within the organization including case assignment, assessment, treatment planning, treatment engagement, treatment

implementation within established team processes that both support team members to conduct their work with fidelity to the TST model and to support the needs of team members for conducting this difficult work. As described, the *TST Consultant* assumes a very active role on this team for approximately six - 12 months until team leadership transitions to one or more designated *TST Experts*.

TST Expert Program

To be able to sustain a TST program over time, an organization must have supervisory staffing with sufficient knowledge and skill to lead this program. Such staff members are designated as *TST Experts*. Two to four staff members are nominated by your organization as *TST Experts* and are enrolled in a 12-month program to help them achieve status as a *TST Expert*. A *TST Expert* will usually have supervisory capacity within your organization and will be trained to lead your TST program. A *TST Expert* performs three essential functions (although not all experts need to perform all functions): i. Team leadership, ii. Case supervision and fidelity monitoring, iii. Internal training. The *TST Expert* candidates will participate in a weekly meeting with the *TST Consultant* over a period of 1 year and during this meeting will receive practical guidance/technical assistance on aspects of team leadership, supervision, and training. The *TST Experts* will also participate in the weekly *TST Treatment Team* meeting (described next) for approximately 6 months to observe the *TST Consultant* actively lead this meeting. At around the 6-month period – based on discussion with the *TST Consultant* – the *TST Experts* will lead the *TST Treatment Team* meeting without the consultant's active involvement (although the consultant may, for specific reasons, observe the *TST Treatment Team* meeting after the 6-month point).

TST Training

All members of the TST Treatment Team (designated within organizational planning) will receive high quality training on the principles and practice of TST and to apply this knowledge to the care of the children and families in your program. Unless otherwise specified, this training occurs prior to the launch of the TST Treatment Team (usually 1-2 months after your organization begins its work with the TST Training Center). The TST Training Center supports several training vehicles:

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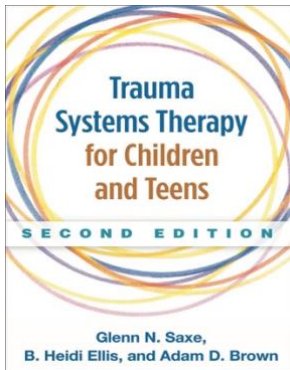
A.   **Pre-training Book Review and Assessment:** All TST Treatment Team members are expected to read Trauma Systems Therapy for Children and Teens (Saxe, Ellis, Brown, 2015). This book provides details on the principles and practice of TST including instruction on the use of all tools that comprise components of TST treatment. The TST Training Center has prepared quizzes to accompany book chapters to assess team members learning of content.

B. **On-site consultation/interactive training (after organizational plan completed):** A 2–3-day on-site consultation/interactive training session will be held after the TST Organizational Plan is completed. The consultation will focus on the successful launch of the TST Treatment Team and meetings will be scheduled between the TST Consultant and the TST Leadership Team, the TST Treatment Team, and TST Experts to make sure all are best prepared for the launch of the program. The TST Consultant will also conduct interactive training sessions with the TST Treatment Team focused on applying TST principles and practices to the children served by the organization. This will include training on all aspects of TST, including: the foundations of child traumatic stress; TST assessment; TST treatment planning; engaging children and families (Ready Set Go); and the 3 phases of TST implementation – Safety Focused, Regulation Focused, and Beyond Trauma.

C. **Return on-site consultation/interactive training (after 10 months):** A 2–3-day on-site consultation/interactive training session will be held after approximately 10 months. During

this time organizational leaders and stakeholders will meet with the TST Consultant to appraise progress of their program, including issues related to sustainability and scale up, and organizational readiness to operate the program independent of the TST Training Center when the relationship is scheduled to end. It should be noted that most organizations would need support from the TST Training Center for more than 12 months to be able to operate their program independently. In such cases, the specific continuing training, consultation, and technical assistance needs from the TST Training Center will be discussed during this return visit from the TST Consultant. During this return visit, an interactive training session will also be held and co-lead with the organization's TST Experts. The TST Consultant will observe the TST Expert's delivery of training to assess - and to build - their TST training skills. If it is determined that an organization would be ready to implement TST independent of the TST Training Center by the 12-month period, then a TST Certification Assessment will be scheduled, if so desired by the organization (see section on TST Certification Assessment).

Continuing Training, Consultation, and Technical Assistance Needs

As described in the previous section, frequently organizations will require additional support beyond 12 months before they are ready to operate their TST program independently. These specific needs will be identified by the 10-month period and the TST Training Center will provide the organization with recommendations for their ongoing training, consultation, and technical assistance needs so that they will be ready to operate their program independently. If the organization desires ongoing support, this will be reflected in a specific agreement with the TST Training Center. There are several aspects of ongoing support that may be needed, including further training of TST Experts in their capacity for training, team leadership, and supervision; training new staff and/or experts if staff turnover was high, expansion of program within the organization; and program evaluation and quality improvement. The main goal of an organization's continuing relationship with the TST

Training Center is the capacity to implement their program independently. The TST Training Center offers certification in TST for agencies, supervisors, and providers.

TST Certification Assessment

When an organization is ready to implement TST independently, they will be offered a TST Certification Assessment that will attest to this achievement. Details of this process are found in an accompanying document. Briefly, this certification assessment will include the following components:

1. A completed *TST Organizational Plan* that is approved by the *TST Training Center* and demonstrably guides the TST program.

2. An active *TST Treatment Team* that has seen at least 15 cases through at least one implementation phase (e.g., safety focused, regulation focused, or beyond trauma), and fully completed *Beyond Trauma* phase for at least 5 of these cases.

3. A case review of at least 10 of these cases selected at random to determine agency proficiency in rating fidelity, and agency proficiency in delivering care with fidelity (for at least 8 of these 10 cases). This case review will be conducted by a *TST Consultant* who will review the records of these selected cases (including TST forms), and supplemented by interviews with relevant *TST Treatment Team* members to assess the quality of fidelity rating and fidelity delivery.

4. At least two of the organizations *TST Experts* achieve <u>TST Expert Certification</u> based on quality ratings of their team leadership, training ability, and supervision from observations by the *TST Consultant*. A certified *TST Expert* will need to supervise at least 5 cases through one implementation module and demonstrate proficient rating of fidelity in at least 4 of the 5 cases. In those cases where fidelity was proficiently rated but it was delivered below an acceptable fidelity standard, the *TST Expert* will discuss how she or he worked with the supervisee to attempt to bring fidelity to an acceptable standard. This effort to effectively work with supervisees who pose challenges will also be rated. A *TST Expert* must also demonstrate knowledge of TST, based on performance on TST book quizzes, at 85% or higher.

5. At least three of the organizations *TST Providers* achieve *TST Provider Certification* based on quality ratings of their delivery of TST care. A certified *TST Provider* will need to deliver care to at least 5 cases through one implementation module and demonstrate proficient delivery of fidelity in at least 4 of the 5 cases. A *TST Provider* must also demonstrate knowledge of TST, based on performance on TST book quizzes, at 85% or higher.

TST Research Support

Several evaluations of TST have been conducted. Highlights are summarized in this section.

- Results of an open trial of 110 families comprising a cohort of children from inner city Boston and another from rural New York state have been published (Saxe, Ellis, Fogler, Hansen, & Sorkin, 2005). These children were largely multiply traumatized and managing significant environmental stressors such as poverty, risk of homelessness, and parental mental illness and substance abuse. While almost 60% of families needed more intensive home- and community-based care at the beginning of treatment, **only 39% of families needed this level of treatment after three months.**

- A follow-up study shows that these **gains persist and even improve at 15 months** after enrollment in treatment (Ellis, Fogler, Hansen, Forbes, Navalta, & Saxe, 2011).

- A recent study of 1500 youth in foster care in Kansas evaluated the effectiveness of a system-wide reform effort to implement trauma-informed care, Trauma Systems Therapy (TST), across a large, private child welfare system. The longitudinal associations among implementation of TST and four measures of children's well-being (functioning, emotional regulation, and behavioral regulation) and placement stability were examined. Measures utilized the UCLA-Post Traumatic Stress Disorder [PTSD]-Reaction Index, the Moment-by-Moment assessment tool, Emotion Regulation Guide (ER Guide), the Child Ecology Check-In (CECI), the Child and Adolescent Functioning Assessment Scale (CAFAS) and the Priority Problem Worksheet. Results indicate that, as children's care teams implement TST, children demonstrate **greater improvements in functioning, emotional regulation, and behavioral regulation and they experience increased placement stability.** (Redd et al).

TST Publications

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Ellis, B. H., Fogler, J., Hansen, S., Forbes, P., Navalta, C. P., & Saxe, G. (2012). Trauma Systems Therapy: 15-Month outcomes and the importance of effecting environmental change. Psychological Trauma: Theory, Research, Practice, and Policy, 4(6), 624-630

Ellis, B.H., Miller, A.B., Baldwin, H., Abdi, S. (2011) New Directions in Refugee Youth Mental Health Services: Overcoming Barriers to Engagement, Journal of Child & Adolescent Trauma, 4:1, 69-85

Ellis, B.H., Saxe, G.N., & Twiss, J. (2011). Trauma Systems Therapy: Intervening in the Interaction between the Social Environment and a Child's Emotional Regulation. In V. Ardino (Ed.), Posttraumatic syndromes in children and adolescents: A handbook of research and practice (pp. 373-390). Chichester, UK: Wiley-Blackwell Publishing.

Hansen, S., Saxe, G., & Drewes, A. A. (2009). Trauma systems therapy: A replication of the model, integrating cognitive behavioral play therapy into child and family treatment. Blending play therapy with cognitive behavioral therapy: Evidence-based and other effective treatments and techniques, 139-164.

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Saxe, G.N., Ellis, B.H., & Brown, A.B. (2016). Trauma Systems Therapy for Children and Teens. New York, NY: Guilford Press.

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Saxe, G.N., Ellis, B.H., & Kaplow, J.B. (2006). Collaborative Treatment of Traumatized Children and Teens: The Trauma Systems Therapy Approach. New York, NY: Guilford Press

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