



The Healthy Coping Project:

A Success Story of Collaboration Across the Greater Toronto Area

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Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Cohen, Mannarino & Deblinger, 2006) is an evidenced-based model of therapy designed to reduce post-traumatic stress symptoms experienced by children and adolescents following trauma. TF-CBT components equip children and non-offending caregivers with the skills required to identify and cope with negative feelings, thoughts and behaviours related to abuse. Desensitization to negative stimuli occurs through gradual exposure to aversive memories, details, and environments. Clinicians meet weekly with both the child and non-offending caregiver in two individual 45 minute sessions over the course of 12-16 weeks (Cohen, et al., 2006).

The Healthy Coping Project (HCP) began in 2005 as a collaboration between Dr. Muller of York University and the Toronto Sexual Abuse Treatment Programs (CASAT, SASAT, WESAT, TALK and BOOST) (Muller, Padoin, & Lawford, 2008). It now also includes the Peel Children's Centre. Our initiative currently consists of 9 children's mental health agencies and approximately 50 front-line clinicians. We are committed to evaluating the effectiveness of TF-CBT and providing evidence-based practices to meet the needs of our Canadian community.

TF-CBT components are summarized as the acronym, PRACTICE (Cohen et al., 2006):

Psycho-education

Parenting skills

Relaxation

Affect expression & modulation

Cognitive coping and processing

Trauma narrative

In vivo mastery of trauma reminders

Conjoint child-parent sessions

Enhancing future safety and development

Building a Community of Practice: Some Considerations

Implementing new models of therapy and research protocols involves careful consideration of several issues, such as:

- Model/Protocol:
 - What do you want to implement? Consider the needs of the community, agency resources, and research. There is a recent shift towards evidence-based models.
 - How will clinical and research needs merge? What compromises will need to be made? Ethical considerations?
 - Will participating families remain on waitlist? What benefits will families receive?
 - Cross-agency research: How to blend/account for diversity (e.g. different assessment models).
- Training:
 - How will training occur? Who will provide initial training? How will ongoing training be facilitated? Consider: supervision groups, monthly consultation with expert(s), peer supervision, agency "facilitators", city-wide training workshops.
 - Make trainers accessible: telephone conferencing, video conferencing, and Train-the-Trainer programs to foster local expertise.
 - All case consultations must promote safety. Clinicians must feel comfortable with each other and with supervisors to address concerns adequately.
- Create partnerships:
 - Partner with local hospitals and universities to implement therapy and research protocols. This promotes collaboration, networking, and increases funding opportunities. Clinical and research knowledge bases inform one another.
- Funding:
 - Seek government and local funding (e.g. SSHRC, CHEO, Hedge Funds)
 - City-wide workshops with registration fees can fund specific aspects of project such as consultation fees.
- Dissemination:
 - Disseminate findings to clinical and research team to inform future practices, evaluate program, and acknowledge team effort.
 - Disseminate findings to clinical community through conferences, workshops, publications and cross-agency meetings.
 - Disseminate findings to participating families through easy-to-read pamphlets, phone conversations and mailed letters.
 - Create brief summary of findings to provide to future families.
- Sustainability:
 - Program evaluation: Should new model continue to be implemented? Are changes needed?
 - Elicit feedback from participating clinicians, researchers, families and service providers.

- Consider continued peer and expert consultation to support program changes
- City-wide trainings to fund ongoing supervision
- Anticipate natural difficulties arising from change:
 - All change elicits challenges and anxieties. These are normal and to be expected. Promote discussion and address challenges openly. This will create smoother transitions and inform policy evaluation.

Please refer to the following resources for further information on TF-CBT and its components:

Treatment Manual:

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents*. New York: Guilford Press.

Article :

Cohen, J. A., & Mannarino, A. P. (2008). Trauma-Focused Cognitive Behavioural Therapy for children and parents. *Child and Adolescent Mental Health*, 13, 158-162. doi:10.1111/j.1475-3588.2008.00502.x

Book Chapter:

Muller, R. T., Padoin, C. V., & Lawford, J. (2008). Trauma-Focused Cognitive-Behavioural Therapy with Children and Adolescents: The Toronto Community-Based Project. In A. V. Cordioli (Ed.), *Psicoterapias: Abordagens Atuais (Psychotherapies: Current Approaches)* (3rd Ed.) (pp.777-791). Porto Alegre: Artmed

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On-line TF-CBT training:

<http://tfcbt.musc.edu/>

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