

SAFE HORIZON'S CHILD ADVOCACY CENTERS: The Child and Family Traumatic Stress Intervention

FY16 Impact Report

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The Child and Family Traumatic Stress Intervention

Overview

In 1996, Safe Horizon pioneered the first fully co-located Child Advocacy Center (CAC) model with the opening of the Jane Barker Brooklyn CAC. For the first time anywhere in the country, the Brooklyn CAC brought together, under one roof, a multidisciplinary team comprised of detectives from the New York City Police Department, prosecutors from the District Attorney's Office, child protective staff from the New York City Administration for Children's Services, a pediatrician from the Brooklyn Hospital Center, and Safe Horizon administrators, counselors and support staff to investigate and respond to the allegations of child sexual abuse and severe physical abuse. Since then, Safe Horizon has opened fully co-located CACs in Manhattan, Queens, Staten Island and most recently in the Bronx. Today, Safe Horizon is the only organization in the country operating five fully co-located, nationally accredited CACs in an urban setting. The fully co-located CAC has become a national model, setting a new standard for care and systems coordination. Safe Horizon's CACs serve over 6,000 child abuse victims and over 10,000 impacted family members each year, representing some of the highest volume CACs in the county.

Safe Horizon is a recognized leader in the field of child abuse. Over the past two decades, Safe Horizon, in partnership with the CAC multidisciplinary team, has helped to transform New York City's investigation and response to child sexual abuse and severe physical abuse, by providing coordinated, comprehensive and expert care. Children are no longer subjected to multiple, redundant interviews about their abuse by many different agencies in frightening places such as in police precincts or hospital emergency rooms. Instead, both children and their impacted family members can receive, on the spot, expert services in child friendly CAC facilities, where the healing process can begin.

In 2008, Safe Horizon and the Childhood Violent Trauma Center at Yale Child Study Center joined forces to address the need of children traumatized by abuse. Working together, the two institutions adapted a brief, evidence-based intervention for traumatized children and their involved caregivers developed by the Childhood Violent Trauma Center and implemented it at Safe Horizon's CACs. The Child and Family Traumatic Stress Intervention (CFTSI) is an evidence-based brief mental health intervention for children and their caregivers. Implemented soon after a child's disclosure of physical or sexual abuse, CFTSI focuses on increasing family support for the child, enhancing communication between the child and caregiver about the child's symptoms, and providing skills to help children and families cope with and manage trauma reactions. By helping child feel better quickly, CFTSI also offers a seamless introduction to longer-term treatment and other mental health interventions when needed. CFTSI has demonstrated effectiveness in reducing children's trauma symptoms in the

aftermath of traumatic experiences, and in reducing or interrupting PTSD and related disorders in children.

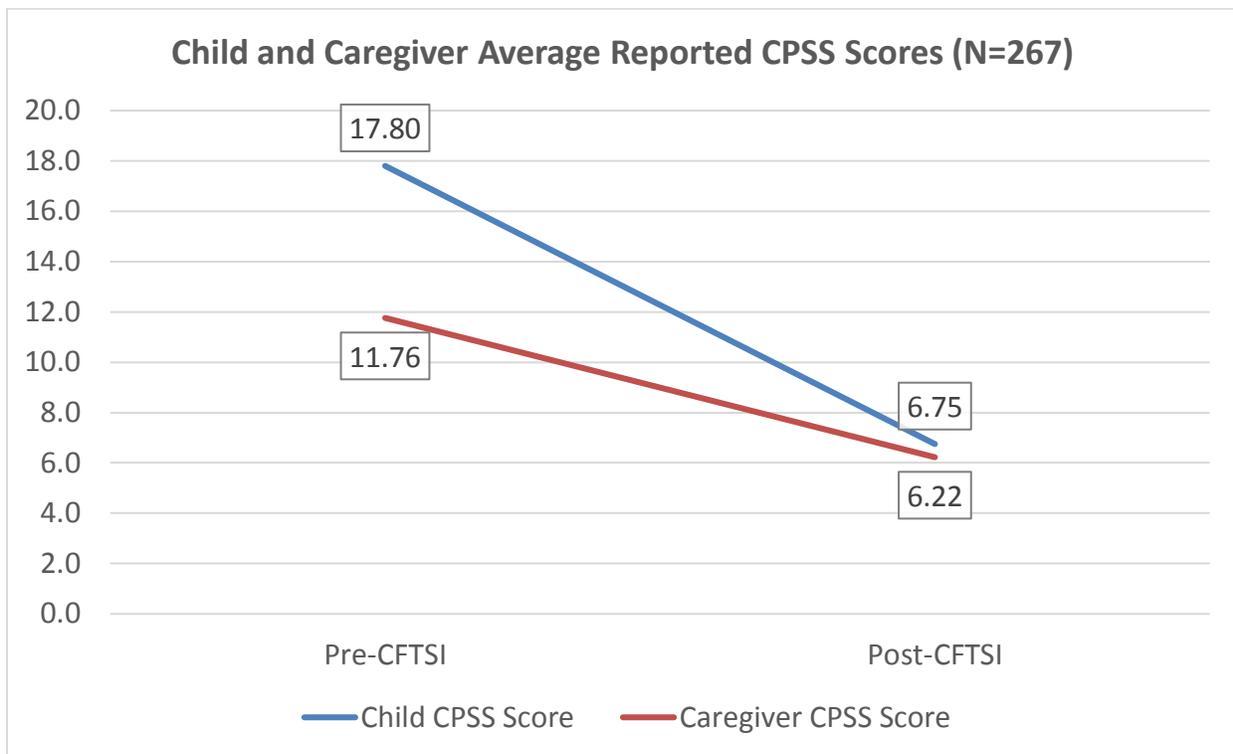
Over the past eight years, thousands of children and their caregivers have completed CFTSI at Safe Horizon's CACs with remarkable clinical outcomes. Based on the pioneering work of Safe Horizon and the Child Study Center at the Yale School of Medicine, CFTSI is now being implemented in over 70 CACs and community-based programs throughout the country.

The following report provides a summary of the impact of CFTSI at Safe Horizon's Child Advocacy Centers in fiscal year 2016. This report includes CFTSI data from the 267 cases completing CFTSI treatment at Safe Horizon's Child Advocacy Centers in the Bronx, Brooklyn, Manhattan, Queens, and Staten Island from July 1, 2015 to June 30, 2016.

Impact

DECREASE IN SYMPTOMS AS REPORTED BY CHILDREN AND THEIR CAREGIVERS

Children's trauma symptoms are measured by the children themselves and by their caregivers prior to the beginning of CFTSI and again at the end of CFTSI using a standardized screening instrument for trauma symptoms, the Child PTSD Symptom Scale (CPSS). When completing the scale, children and their caregivers report on common symptoms such as having bad dreams or nightmares, feeling scared, feeling worried, having trouble concentrating in school, feeling lonely, not wanting to play, and having upsetting thoughts or images of the abuse. Researchers and clinicians agree that scores of 11 or higher reflect significant distress, and indicate that a child may eventually qualify for a diagnosis of Post-Traumatic Stress Disorder (PTSD) upon further assessment. Children with scores of 15 or higher are almost certain to meet the full criteria for PTSD. Children who completed the CPSS at Safe Horizon's CACs before receiving CFTSI reported an average (mean) score of 17.80. This indicates that, on average, children disclosing abuse at Safe Horizon's CACs had high levels of trauma symptoms immediately following telling someone at the CAC about the abuse. After completing CFTSI, children reported significantly fewer symptoms with an average (mean) score of 6.75; this decrease is statistically significant ($t(266) = 19.64, p < .001$). Caregivers also recognized trauma symptoms in their children prior to the beginning of CFTSI, reporting an average (mean) symptom score of 11.76. Following CFTSI, caregivers reported a decrease in their children's trauma symptoms (average (mean) score of 6.22); this decrease is statistically significant ($t(266) = 10.96, p < .001$).



INCREASED SYMPTOM RECOGNITIONS AND CONCORDANCE BETWEEN CHILDREN AND CAREGIVERS

When children are alone with and do not have words to describe their traumatic reactions, symptoms and symptomatic behaviors are their only means of expression. Children need recognition and understanding from the most important source of support in their lives – their caregivers. Caregivers are often not equipped to understand the connection between the traumatic event and their children’s symptoms and behaviors. CFTSI replaces the chaotic, post-traumatic experience with words, structure, and an opportunity to be heard and supported by the person who takes care of them. The therapist guiding the child and caregiver through CFTSI helps the child communicate about his or her reactions and feelings more effectively, while also increasing the caregiver’s awareness and understanding of the child’s experience. One of the ways we measure success in improving this communication is by comparing the child’s report of symptoms he/she is experiencing to the caregiver’s report. Prior to CFTSI, children typically report symptoms their caregivers are not aware of. By the end of CFTSI, we see hope to see a significant improvement in the agreement between the child and parent’s reported trauma symptoms. During fiscal year 16, there was a significant change in the amount of discrepancy between child and caregiver-reported symptoms following CFTSI ($t(266) = 12.73, p < .001$).

CAREGIVER SATISFATION WITH CFTSI

CFTSI is an intervention that inspires hope and confidence in people. During this reporting period, 96% of caregivers who completed CFTSI at Safe Horizon’s CACs completed a client satisfaction survey;

data on these cases is reported here. These caregivers expressed an extraordinary level of satisfaction with the support they received. 100% of those surveyed reported that they learned about trauma and how it may affect their child and family and 100% of those surveyed reported having learned about how the child's behavior/reactions might be connected to the upsetting experience(s). 100% of caregivers reported having learned about ways/skills to help their child feel better and make the problems and/or reactions their child was having happen less often. 100% reported that CFTSI helped them be better able to assist their child after his/her upsetting experience(s). Finally, 97% said they would recommend CFTSI to a friend dealing with a similar situation.

SUMMARY

Results demonstrate that CFTSI is an effective early intervention preventing the development of chronic PTSD among children who come to Safe Horizon's Child Advocacy Centers. Overall, there was a significant decrease in PTSD symptoms from the pre-intervention measure to the post-intervention measure. In addition, since CFTSI's core therapeutic model is focused on increasing caregiver-child communication, there was also a significant improvement in caregivers' recognition of their child's symptoms and increased concordance between the child and their caregivers from pre- to post-CFTSI. As the inability to recover after exposure to trauma leads to a variety of long-term negative health outcomes for children, the CFTSI intervention offered at Safe Horizon's Child Advocacy Centers is an absolutely critical intervention supporting children and their caregivers to recover and heal after experiences of severe physical and sexual abuse.

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