Trauma-Systems Therapy (TST): AT-A-GLANCE

What is TST?

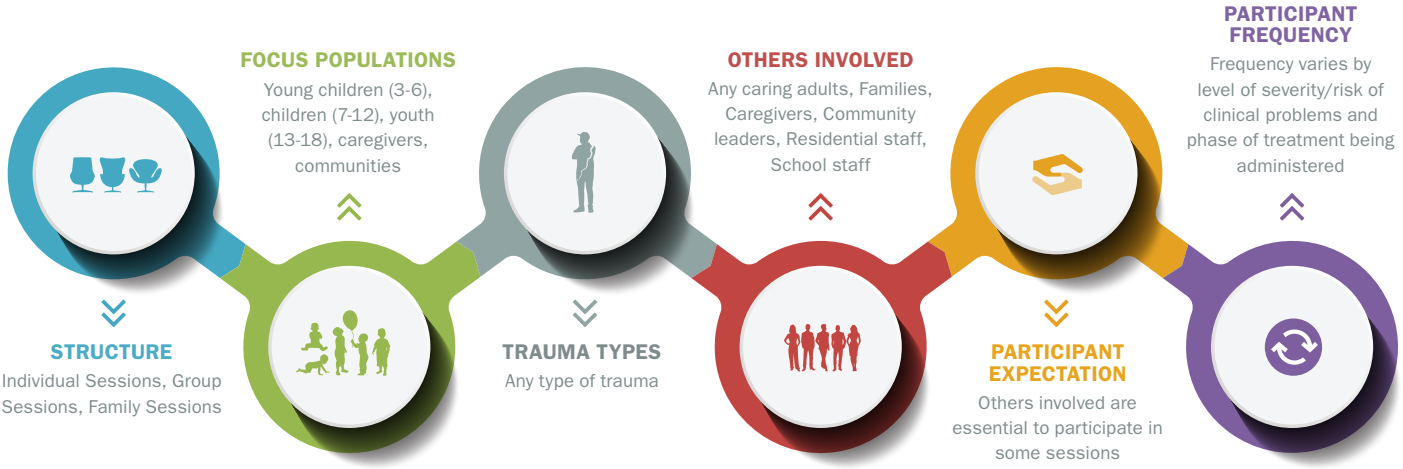
Trauma Systems Therapy (TST) is a model that addresses the primary reason that care is typically sought for a traumatized child: The child expresses episodes of uncontrolled emotion (e.g. anxiety, sadness, rage, dissociations, flashbacks) and/or behavior (e.g. aggression, self-destruction, running away, substance abuse) considered problematic by the child or someone else. TST providers are trained to assess these episodes so the conditions controlling their expression can be understood. Such episodes are frequently evoked when the child is exposed to an (often unnoticed) stimulus evoking traumatic memory. These episodes are called Survival States (SSs) and TST clinical problems are defined through observed patterns of SS expression evoked by particular threat stimuli (i.e., Survival State Problems/SSPs). Knowledge of SSPs creates focused, effective treatment to prevent SS expression by 1. Helping caregivers reduce a child's exposure to the stimulus, and 2. Helping the child better tolerate such exposure if/when it occurs. TST is implemented within three successive phases by multidisciplinary teams.

What are the goals of TST?

To reduce the traumatized child's expression of uncontrolled emotion and/or behavior (i.e., Survival States), by:

1. Supporting caregivers, and other responsible adults, to make changes to the child's environment that reduce the child's exposure to signals they perceive as threatening given their trauma history or protecting the child when those signals have been determined to represent objective threats to their safety, and;
2. Building the child's capacity to regulate emotion in the face of those perceived threats so they can better tolerate such exposure without expressing Survival States, and;
3. Supporting TST multidisciplinary teams for efficient and effective care, with fidelity to TST, including managing risk of secondary trauma.

What does TST look like?



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What is the commitment?

Three sequential phases of treatment focus on specific themes of trauma-informed care:

Safety-focused Treatment (SFT): To establish safety when it is determined that the child is either at risk for exposure to objective threats and/or the child is at risk of expressing dangerous behavior and responsible adults are not able to sufficiently reduce these risks.

Regulation-focused Treatment (RFT): To enhance the child's regulation when exposed to perceived threats, when SFT-level risk is not present or has been well managed in SFT.

Beyond Trauma Treatment (BTT): To help the child and family live their lives without the burden of past trauma. Therapeutic processing of the trauma narrative is conducted with a focus on deriving lasting meaning from the trauma and the heroic effort to recover from it.

Duration of TST varies depending on the initial phase. Those starting in SFT may need treatment for 6 months to 1 year. Otherwise, treatment typically lasts 4-7 months.

Caregivers and children will both participate in assessment, including written assessment tools, interviews, behavioral observations.

LOCATION:

Anywhere you and your provider decide

How do we know it works?

TST has practice-based evidence and research evidence to support its benefits. For more information, see Where can I learn more about the evidence?.

TST was developed by Dr. Glenn Saxe, Director of the TST Training Center at New York University Grossman School of Medicine, in partnership with Dr. Heidi Ellis of Boston Children's Hospital to fill a critical gap in their treatment of traumatic stress. For more information, see page 3. The majority of children/youth/families involved in the initial development of this practice identified as Black, Hispanic, or other marginalized groups, including refugees, lived in inner-city environments, and spoke many different languages at home.

Additionally, there have been many formal adaptations of the practice for children and families in child welfare, refugee, residential, school-based, substance abuse, and unaccompanied minor programs.There are translations of TST materials for children, youth, and families available in Spanish. Learn more on page 4.

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

https://med.nyu.edu/departments-institutes/child-adolescent-psychiatry/trauma-systems-therapy-training-center

TST: THE EVIDENCE

What types of evidence are available for TST?

- ❒ Evidence-Based Treatment
- ❒ Practice-Based Evidence
- ❒ Case Study
- ❒ Community-Based Participatory Research
- ❒ Community Valued Practice-Based Evidence
- ❒ Culturally and Socially Embedded Practice-Based Evidence
- ❒ Pilot Study
- ❒ Program Evaluation
- ❒ Quasi-experimental Research
- ❒ Randomized Clinical/Controlled Trial

Where can I learn more about the evidence?

Considering the large and diverse viewer audience, please list up to 10 hyperlinked titles (could be research articles, websites, presentations, clearinghouse links, presentations, data links, reference list, etc.)

- Trauma Systems Therapy for children in residential care: Improving Emotion Regulation and the Social Environment of Traumatized Children and Youth in Congregate Care. Journal of Family Violence, 28, 693-703
- Brown, A., Navalta, C.P., Tullberg, E., & Saxe, G. (2014). Trauma Systems Therapy: An Approach to Creating Trauma-Informed Child Welfare Systems. In R.M. Reece, R.F. Hanson, & J. Sargent (Eds.), Treatment of Child Abuse: Common Ground for Mental Health, Medical, and Legal Practitioners (pp. 132-138). Baltimore, MD: Johns Hopkins University Press.
- Ellis, B. H., Miller, A. B., Abdi, S., Barrett, C., Blood, E. A., & Betancourt, T. S. (2013). Multi-tier mental health program for refugee youth. Journal of Consulting and Clinical Psychology, 81(1), 129-140.
- 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., 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.
- Navalta, C.P., Brown, A.D., Nisewaner, A., Ellis, B.H., & Saxe, G.N. (2013). Trauma Systems Therapy. In J.D. Ford & C.A. Courtois (Eds.), Treating Complex Traumatic Stress Disorders in Children and Adolescents: Scientific Foundations and Therapeutic Models (pp.329-347). New York, NY: Guilford Press.
- Saxe, G.N., Ellis, B.H., Fogler, J., Hansen, S., & Sorkin, B. (2005). Comprehensive Care for Traumatized Children. Psychiatric Annals, 35(5), 443-448.
- Saxe, G.N., Ellis, B.H., Fogler, J., & Navalta, C.P. (2011). Innovations in practice: preliminary evidence for effective family engagement in treatment for child traumatic stress-trauma systems therapy approach to preventing dropout. Child and Adolescent Mental Health, 17(1), 58-61
- Murphy, K., Anderson, K., Redd, Z., & Malm, K. Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's bridging the way home initiative, in Children and Youth Services Review, Volume 75, April 2017, Pages 23-34
- Redd, Z., Malm, K., MooreK., Murphy, K., & Beltz, M., KVC's Bridging the Way Home: An innovative approach to the application of Trauma Systems Therapy in child welfare., in Children and Youth Services Review, Volume 76, May 2017, Pages 170-180

How is TST measured in real time?

Since the reduction of Survival States is the goal of TST, frequency and functional impact of their expression are assessed over the course of treatment to determine whether the child and family are receiving benefit from TST, and to refine the treatment plan if the benefit is less than expected. Fidelity to TST is rated over the course of TST and used to appraise the quality of implementation.

What changes for the better as a result of TST?

Children and families present to treatment because the child has uncontrolled emotional/behavioral states that, without effective treatment, would undermine their adaptive functioning, development, and chance at a better future. TST has, since the mid-2000s, helped thousands of traumatized children across the USA and globally; and has been adapted for many trauma types and programs.

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

If the clinical problems requiring trauma-informed treatment relate to the episodes of uncontrolled emotional/behavioral expression, then providers require an understanding of the conditions from which they are expressed to intervene effectively. TST has improved the lives of so many children because it has offered providers effective training and tools.

TST: ADAPTABILITY AND ACCESSIBILITY

- **What is the history of TST?**

  TST was originally developed in the early 2000s at an urban medical center in Boston, to fill a critical gap in the field related to the challenging contexts in which traumatized children often live, learn, and receive care. It became quickly apparent that the difficulty of this work required novel approaches to meet these complex challenges. Accordingly, the developers of TST made a commitment to Lead-user Innovation to leverage the widely dispersed expertise and experience of the people who use TST. This entailed openness to innovation from providers and agencies using TST to address their own needs, and the value to freely share their innovations so that they can be available to users with similar needs. This commitment enabled TST to become a never-ending story of innovation from a diverse and extensive community of innovators with knowledge of how the work works that extends considerably beyond the expertise of TST's original developers.

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

  TSTs commitment to Lead-user Innovation enabled the experience of a diverse community of users to participate in TST's development and refinement. In 2021, a group of these lead users worked together towards refining TST to better address the risk of racial bias and the needs of diverse communities. Many of these recommendations are integrated into refinements of the TST model.

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

  The expertise of TST providers has been integrated into the tailoring of the TST model since it was first disseminated in 2003 through the process of Lead-user Innovation, which formalizes the essential provider role in the development of TST. This has resulted in innumerable practical solutions to difficult problems, and barriers to care, embedded in the TST model.

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

  TST is a model that, by design, is continually improved based on the experience of its stakeholders. These improvements have both concerned refinements to the model that improve the efficiency and effectiveness of its implementation. Improvements have also concerned adjustments to the model so it can be better applied to different populations of traumatized children and families.

- **Resources and materials are available:**

  - In more than one language – Spanish. Translations were done by using Word AI translation and proof-read by native Spanish speaker trained in the TST model.
  - In more than one format (multiple select below):
    - TST Manual (written), training slide set (visual presentation), training videos (audio-visual), and forms (written)
    - Delivered verbally or kinesthetically, in-person or online
  - For more information on adaptation and access, contact Katherine Barral, Senior Project Coordinator, at Katherine.barral@nyulangone.org.

TST:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE TST

Provider prerequisites:
- See the TST website for more information.

Trained providers can:
- Deliver TST
- Earn certification in TST
- Earn ASWB approved CE credits

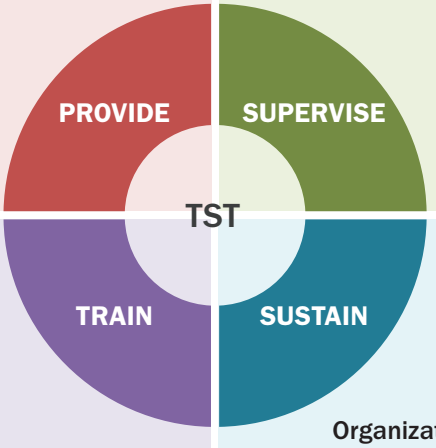
Access for Provider Training:
- Through live in-person training,
- Through live virtual training,
- Through pre-recorded training,
- Through consultation,
- Through a training manual,
- Contact in advance for trainer availability

TO SUPERVISE TST

Supervisor prerequisites:
- Meet provider reqirements
- See the TST website for more info

Trained supervisors can:
- See the TST website for more info.

Access for Supervisor Training:
- Through consultation
- Contact in advance for trainer availability



TO TRAIN TST

Trainer prerequisites:
- Meet provider and supervisor prequisites
- See the TST website for more info
- Complete established trainer process (details on page 6)

Approved trainers can:
- Train within their own organization
- Train providers

Access for Trainer Training:
- Through live virtual training
- Through consultation
- Through a training manual

TO SUSTAIN TST

Organization prerequisites:
- Commit to regular meetings dedicated to sustaining the practice
- 3 providers complete certification process (depending on program size)
- 2 TST Experts (depending on program size)
- Completion of Organizational Planning form and related pre-requisites. Requires consultation to assess size and scope of program

Organizations can:
- Earn certification status
- Market certified providers, supervisors, and trainers
- Train new staff on the job by in-agency providers.

Access for Organizations:
- Consultation for senior leaders

TST:
MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE TST

- **Training cost:** Consultation with senior leadership to determine scope of work and related costs.
- **Time Commitment:** Approximately 22 hours over 3 sessions, followed by weekly consultation with supervisors for the length of the contract.
- **Additional Details:** Initial training occurs before treatment launches, around 2 months into an organization's contract. Provider training occurs through: TST book review, synchronous consultation & interactive training, and a 10-month follow up consultation & training.

SUPERVISE TST

- **Training cost:** Supervision training is included within the training and consultation contract with the organization.
- **Time Commitment:** 12+ months of active engagement with the TST Training Center
- **Additional Details:** Organizations, with a TST consultant's help, select supervisors to be enrolled in the Experts Program, which trains candidates to supervise TST providers to monitor fidelity and become TST trainers.

TRAIN TST

- **Training cost:** Consultation with senior leadership to determine scope of work and related costs.
- **Time Commitment:** Approximately 22 hours over 3 sessions, followed by weekly consultation with supervisors for the length of the contract.
- **Additional Details:** The Experts Program includes weekly consultation meetings regarding team leadership, supervision, & training and TST Treatment Team meetings. Treatment meetings are initially consultant led. Over time, experts-in-training lead meetings independently.

SUSTAIN TST

- **Training cost:** Varies and depends on consultation to determine the scope of work.
- **Time Commitment:** At least 15 TST cases through at least one implementation phase and at least 5 cases completed the Beyond Trauma phase.
- **Additional Details:** Discussion on readiness and fitness, regular ongoing communication with consultants, structural creation of internal TST team, fidelity monitoring structure, and data reporting structure all required for contracting.

To learn more about providing, supervising, training, or sustaining, please see https://med.nyu.edu/departments-institutes/child-adolescent-psychiatry/trauma-systems-therapy-training-center/training-consultations or email: Katherine.barral@nyulangone.org

For additional resources and related products, please explore: http://nyulmc.org/tst

The Trauma Systems Therapy (TST): At-A-Glance was reviweed and approved for accuracy by Dr. Glenn Saxe, Dr. Adam Brown, and Dr. Susan Hansen of the NYU Langone Trauma Systems Therapy Training Center in July 2024.

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