

<p>Field</p>	<p><i>May include requirements, recommendations, minimum standards, variations, ratios & other considerations</i></p>
<p>Treatment Description</p>	<p>Description: The SMART model is a structured, phased-based approach to treatment for sexually abused children who are exhibiting sexual behavior problems. The model has been successfully implemented with a primarily African American population since 1998. It incorporates already established practices proven to be effective in trauma treatment, such as CBT, as well as psycho-education and skill building to directly address the behavioral and emotional concerns associated with child sexual abuse and the resultant victimizing behavior.</p> <p>NCTSN Fact Sheet Available: http://www.nctsn.org/sites/default/files/assets/pdfs/SMART_fact_sheet_3-21-07.pdf</p> <p>Culturally-Specific Information Available: The model has been effectively used primarily with African American children. Majority of families are low income; more than 50% of the children reside in foster or kinship care. Most of the children have experienced multiple traumas including physical abuse, exposure to violence, traumatic grief, and neglect. Also important are the family power structure, perceptions regarding sexuality, gender roles and identity, stigmatization of mental health, and spirituality are aspects of culture that are integrated into the treatment.</p> <p>Goals: (1) to eliminate the sexual behavior problem; (2) to establish stability and a sense of safety in the lives of children; (3) to improve insight, judgment, and empathy; (4) to increase awareness of personal risk patterns and triggers; (5) to develop coping skills and strategies that improve emotional and behavioral regulation; (6) to provide parents with the skills to meet their children’s physical/emotional needs; and (7) to connect children with positive people who can influence and promote their future growth.</p> <p>Target Population: Children ages 4-11 who have a history of child sexual abuse and exhibit sexual behavioral problems.</p> <p>Essential Components: The model consists of three clinically essential phases: Safety & Stabilization, Trauma Integration & Recovery, and Re-Socialization & Mastery. Each phase contains modules that must be mastered in order before moving to the next phase of treatment.</p> <p>Key Components: Psycho-education, Safety Contracting and Monitoring, Sexuality, and Skill Building are core components of each phase. Concepts are introduced in Phase I and the scope and intensity increase and are reinforced throughout each stage. Additional Key Concepts included in each stage are the following:</p> <p><u>Safety & Stabilization</u></p> <ul style="list-style-type: none"> • Trauma Assessment • Risk Reduction Plan • Family and Community Engagement

<p>Treatment Description cont'd</p>	<p><u>Trauma Integration & Recovery</u></p> <ul style="list-style-type: none"> • Impulse Regulation • Affect Modulation • Trauma Triggers • Cognitive Processing • Trauma Narratives <p><u>Re-Socialization & Mastery</u></p> <ul style="list-style-type: none"> • Stress/Relaxation • Healthy Intimacy • Self-esteem • Relapse Prevention <p>Other considerations: Can be implemented in out-patient and in-home settings</p>
<p>Training</p>	<p style="text-align: center;"><u>MINIMALLY ACCEPTABLE TRAINING</u></p> <p>Mode of Training: 2 day in-person clinical training and 12 follow-up consultation calls for clinical staff</p> <p>Content: Model Implementation and Fidelity</p> <p>Number of Days/Hours Total/Minimum: 16 hours live training, 12 hours consultation calls</p> <p>Options for Make-up: None</p> <p>Training Cost: Cost for an agency is typically \$4000-6000 for the 2-day training; \$150 per consultation call with a minimum of 12 calls</p> <p>Training Contact Information: Betsy Offermann, LCSW-C ;443-923-5907; Offermann@kennedykrieger.org</p> <p style="text-align: center;"><u>MOST COMPREHENSIVE/HIGHEST RECOMMENDED TRAINING</u></p> <p>Mode of Training: 2-day in person clinical training; 12 follow up consultation calls for clinical staff</p> <p>Content: Model Implementation and Fidelity</p> <p>Number of Days/Hours Total/Minimum: 16 hours live training, 12 hours of consultation calls, 7 hours advanced live training focused on fidelity, advanced clinical skills, and methodology</p> <p>Options for Make-up: None</p> <p>Training Cost: Cost for an agency is typically \$4000-\$6000 for the 2-day training; \$150 per consultation call; \$2000-3000 for advanced training</p>

TRAINING GUIDELINES

Safety, Mentoring, Advocacy, Recovery & Treatment (SMART)

<p>Training cont'd</p>	<p>Training Contact Information: Betsy Offermann, LCSW-C Phone: 443-923-5907 Email: Offermann@kennedykrieger.org</p>
<p>Selection</p>	<p>Minimum Education Level: Master's degree or higher in a mental health related discipline</p> <p>Licensure/Certification: Yes. Licensure commensurate with degree required for providing clinical services</p> <p>Experience: Two or more years working with a child trauma population</p> <p>Match/Fit: The theoretical foundation for this treatment approach is a blend of the Trauma Outcome Process, Multi-Systematic Family Therapy, and Cognitive Behavioral Therapy. It is intended for children under the age of 11 with a history of sexual abuse who are exhibiting problematic sexual behavior.</p> <p>Clinicians who pursue training in the SMART model should have basic knowledge of childhood traumatic stress and child sexual abuse. They also should have knowledge of the effects of trauma on the child and family system.</p> <p>This model is contraindicated for children who are psychotic or have significant cognitive impairments. Caregiver involvement is mandatory.</p>
<p>Preparation for Training and Implementation</p>	<p>Clinician Readiness Assessment Available? No</p> <p>Agency Readiness Assessment Available? Yes</p> <p>Typical Prerequisites for Training: None</p> <p>Pre-reading/Other: Treatment Guide and Workbook</p>
<p>Consultation</p>	<p>Type/Mode/Ratio: 12 consultation calls; maximum of 8 clinicians</p> <p>Frequency: Monthly</p> <p>Participation: Case presentation, Data-Review, Fidelity review/feedback</p> <p>General/Expected Duration of Consultation: One hour calls</p> <p>Demonstrated Proficiency/Mastery/Competence: Each component has associated mastery skills; requires consistent fidelity with the implementation of the model</p> <p>Other Parameters of Consultation: None</p>

TRAINING GUIDELINES

Safety, Mentoring, Advocacy, Recovery & Treatment (SMART)

<p>Case Completion Requirements</p>	<p>Case Selection Criteria: Two cases during the course of consultation calls</p> <p>Case Completion: Two</p> <p>Fidelity: SMART Fidelity Checklist</p> <p>Mode of Review (e.g., Video/Audio/Test): Trainer/consultant oversees case completion</p>
<p>Maintenance</p>	<p>Booster: Not yet determined</p> <p>Advanced: Not yet determined</p> <p>Maintenance Plan/Continuing Education: Not yet determined</p>
<p>To Supervise Providers of the Treatment/Product</p>	<p>Prerequisites needed to supervise use of the Treatment/Product:</p> <p># of Cases Completed in Treatment/Product: Not yet determined</p> <p># of Years Practiced: Not yet determined</p> <p># of Years Providing Supervision: Not yet determined</p> <p># of Supervisees: Not yet determined</p>
<p>To Train Providers in the Treatment/Product</p>	<p>Prerequisites needed to train providers in the Treatment/Product:</p> <p>A train-the-trainer option is not yet available</p>
<p>Endorsement or Certification Options</p>	<p>For Clinician: Not yet available</p> <p>For Supervisor: Not yet available</p> <p>For Trainer: Not yet available</p> <p>Decision-making process/body: Not yet available</p> <p>Roster of Trainers: Not yet available</p>
<p>Additional Resources</p>	<p>Offermann, B. J., Johnson, E., Johnson-Brooks, S. T., & Belcher, H. M. (2008). Get SMART: Effective Treatment for Sexually Abused Children with Problematic Sexual Behavior. <i>Journal of Child and Adolescent Trauma</i> 1:179-191</p>