

<p><b>Field</b></p>	<p><i>May include requirements, recommendations, minimum standards, variations, ratios &amp; other considerations</i></p>
<p><b>Treatment/Product Description</b></p>	<p><b>Description:</b> Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway (TAP) is an intervention model that includes a multi-faceted assessment process, development of the unique client picture, and triage of the child and family to the most appropriate evidence-based or evidence-supported treatment modality.</p> <p><b>NCTSN Fact Sheet Available:</b>  <a href="http://nctsn.org/sites/all/modules/pubdclnt/pubdclnt.php?file=/sites/default/files/assets/pdfs/tap_general.pdf&amp;nid=1718">http://nctsn.org/sites/all/modules/pubdclnt/pubdclnt.php?file=/sites/default/files/assets/pdfs/tap_general.pdf&amp;nid=1718</a></p> <p><b>Culturally-Specific Information Available:</b>  <a href="http://nctsn.org/sites/all/modules/pubdclnt/pubdclnt.php?file=/sites/default/files/assets/pdfs/tap_cultural.pdf&amp;nid=1718">http://nctsn.org/sites/all/modules/pubdclnt/pubdclnt.php?file=/sites/default/files/assets/pdfs/tap_cultural.pdf&amp;nid=1718</a></p> <p><b>Goals:</b> (1) provide treatment center staff with the knowledge and steps to incorporate standardized assessments into the intake process; (2) provide a model for the treatment of trauma guided by assessment; and (3) provide a treatment model that is driven by the uniqueness of the child and his or her family.</p> <p><b>Target Population:</b> Children ages 0-18 who have experienced trauma</p> <p><b>Essential Components:</b> Assessment, formulation of clinical hypotheses, treatment planning, client triage, evidence-supported clinical interventions</p> <p><b>Other considerations:</b> Therapists must have access to a variety of assessment measures, the ability to score the measures (by hand or electronically), and a locked filing cabinet/storage space for the completed measures. The Clinical Supervisor at the site needs to have training on the model in order to discuss the model within supervision sessions.</p>
<p><b>Training</b></p>	<p style="text-align: center;"><b>MINIMALLY ACCEPTABLE TRAINING</b></p> <p><b>Mode of Training:</b> Web-based (<a href="http://www.taptraining.net">www.taptraining.net</a>) and reading of treatment manual (also available at <a href="http://www.taptraining.net">www.taptraining.net</a>)</p> <p><b>Content:</b> Overview of the TAP Model, considerations of measure selection and implementation, providing client and therapist feedback on assessment data, using assessment information to drive treatment planning, triaging to evidence-based practices or use of the TAP Treatment Component</p> <p><b>Number of Days/Hours Total/Minimum:</b> Approximately 10 hours of online training</p> <p><b>Options for Make-up:</b> Maybe complete online at any time</p> <p><b>Training Cost:</b> None</p>

<p><b>Training cont'd</b></p>	<p align="center"><b>MOST COMPREHENSIVE/HIGHEST RECOMMENDED TRAINING</b></p> <p><b>Mode of Training:</b> Web-based and face-to-face training</p> <p><b>Content:</b> Overview of the TAP Model, considerations of measure selection and implementation, providing client and therapist feedback on assessment data, using assessment information to drive treatment planning, triaging to evidence-based practices or use of the TAP Treatment Component. The face-to-face component includes intensive implementation support from helping the therapists become more comfortable with assessment measures to helping leadership effectively integrate it into their system.</p> <p><b>Number of Days/Hours Total/Minimum:</b> Web-based training (10 hours) + 2 days initial training, 1 day follow-up, 12 months of monthly one-hour consultation calls.</p> <p><b>Options for Make-up:</b> Clinicians may complete the web-based piece at any time; they should receive consultation from trainers and support from leadership if they miss the in-person training.</p> <p><b>Training Cost:</b> \$2500/day for in-person training (3 days total), \$250/hour consultation (12 total). Total = \$10,500 + travel and lodging expenses for trainers.</p> <p><b>Training Contact Information:</b>          Lisa Conradi, Psy.D.          Director of Clinical Operations          Chadwick Center for Children and Families          Rady Children's Hospital – San Diego          E-mail: lconradi@rchsd.org          Phone: 858-576-1700 ext. 6008</p>
<p><b>Selection</b></p>	<p><b>Minimum Education Level:</b> Must be Master's level clinicians (licensed or unlicensed, receiving supervision towards licensure), may include Licensed Professional Counselors, Licensed Clinical Social Workers, Marriage and Family Therapists, and Psychologists</p> <p><b>Licensure/Certification:</b> Must be licensed or working towards licensure, receiving ongoing supervision</p> <p><b>Experience:</b> Trainees should have at least a year of working with children who have experienced trauma. Supervisors should have at least five years working with children who have experienced trauma and be familiar with evidence-based practices for serving this population.</p> <p><b>Match/Fit:</b> The model derives from developmental, systems, and cognitive-behavioral therapies. TAP is for children ages 0-18 who have experienced a traumatic event and are exhibiting traumatic stress symptoms. TAP should be utilized in settings that provide trauma-specific treatment and staff members should be trained on evidence-based practices for child trauma. TAP is an organizational model, implemented at multiple levels of the program. TAP is contraindicated in settings in which trauma is not the primary concern treated.</p>

<p><b>Preparation for Training and Implementation</b></p>	<p><b>Clinician Readiness Assessment Available?</b> Clinicians should complete Aaron's Evidence-Based Practices Attitudes Scale (EBPAS).</p> <p><b>Agency Readiness Assessment Available?</b> The agency should complete a readiness assessment to gather information on the agency's current and potential capacity to implement the use of standardized assessment measures, to have access to evidence-based practices for child trauma, and to commit to this work.</p> <p><b>Typical Prerequisites for Training:</b> Web-based training (<a href="http://www.taptraining.net">www.taptraining.net</a>)</p> <p><b>Pre-reading/Other:</b> TAP Treatment Manual (available at <a href="http://www.taptraining.net">www.taptraining.net</a>); review of the California Evidence-Based Clearinghouse for Child Welfare (<a href="http://www.cebc4cw.org">www.cebc4cw.org</a>) for applicable practices; white paper on Complex Trauma by Cook et al., 2005 (available from the NCTSN website)</p>
<p><b>Consultation</b></p>	<p><b>Type/Mode/Ratio:</b> Consultation calls may have up to 15 participants; they can represent a single agency or multiple agencies that trained together.</p> <p><b>Frequency:</b> Monthly</p> <p><b>Participation:</b> Presentation and data review</p> <p><b>General/Expected Duration of Consultation:</b> 12 months</p> <p><b>Demonstrated Proficiency/Mastery/Competence:</b> Measured utilizing the TAP Competency Assessment, which includes supervisor ratings on the following domains: (1) 40 hours supervision on the model by their supervisor, and (2) presented 3 complete cases in individual/group supervision over the course of 12 months using the TAP Framework (includes TAP language and explicitly highlighting TAP components)</p> <p><b>Other Parameters of Consultation:</b> Must complete 10/12 consultation sessions and present at least one case to the consultation group (this case can be one of the required cases presented in supervision, above)</p>
<p><b>Case Completion Requirements</b></p>	<p><b>Case Selection Criteria:</b> Must complete all measures, initial and follow-up, on the case, and use that information to direct treatment planning services</p> <p><b>Case Completion:</b> 3</p> <p><b>Fidelity:</b> Must use both self-report and supervisor-report assessment measures to direct treatment planning services and in working through each phase of the model</p> <p><b>Mode of Review (e.g., Video/Audio/Test):</b> Completion of TAP Competency Checklist</p>
<p><b>Maintenance</b></p>	<p><b>Booster:</b> 1 booster, completed approximately six months after the initial training</p> <p><b>Advanced:</b> 5 years of experience in trauma treatment</p> <p><b>Maintenance Plan/Continuing Education:</b> Must use the TAP Model with at least one case per year</p>

<p><b>To Supervise Providers of the Treatment/Product</b></p>	<p><b># of Cases Completed in Treatment/Product:</b> 5 cases</p> <p><b># of Years Practiced:</b> 5 total/1 in model</p> <p><b># of Year Providing Supervision:</b> 5 total/1 In Model</p> <p><b># of Supervisees:</b> At least 5</p>
<p><b>To Train Providers in the Treatment/Product</b></p>	<p><b>Prerequisites needed to train providers in the Treatment/Product:</b> We do not have a train-the-trainer option at this time.</p> <p><b>Levels:</b> N/A</p> <p><b># of Cases Completed in Treatment/Product:</b> N/A</p> <p><b># of Years Practiced:</b> N/A</p>
<p><b>Endorsement or Certification Options</b></p>	<p><b>For Clinician:</b> None</p> <p><b>For Supervisor:</b> None</p> <p><b>For Trainer:</b> Only Chadwick Center staff members are providing training at this time.</p> <p><b>Decision-making process/body:</b> Chadwick Center staff</p> <p><b>Roster of Trainers:</b> Only internal Chadwick staff only can provide training</p>
<p><b>Additional Resources</b></p>	<p><a href="http://www.taptraining.net">www.taptraining.net</a></p> <p>Chadwick Center for Children and Families. (2009). <i>Assessment-based treatment for traumatized children: A trauma assessment pathway (TAP)</i>. San Diego, CA: Author.</p> <p>Conradi, L., Kletzka, N.T, &amp; Oliver, T. (2010). A case study using the Trauma Assessment Pathway (TAP) model. <i>Journal of Child and Adolescent Trauma</i>, 3, 1-18.</p>