



Maine Behavioral Healthcare

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Testimony in Support of LD 902

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Good afternoon Sen. Brakey, Rep. Hymanson, and distinguished members of the Joint Select Committee on Health and Human Services. I also want to directly thank Rep. Malaby for bringing forward this important topic and sponsoring this bill. I know how important these issues are to you. My name is Rebecca Brown and I live in Cumberland, Maine. I'm a licensed clinical social worker and a clinical manager at Maine Behavioral Healthcare. Maine Behavioral Healthcare is a member of MaineHealth and helps to provide integrated and comprehensive healthcare in partnership with other MaineHealth members. I am here testifying on behalf of support for LD 902, Section 2, which adds support for Trauma Focused Cognitive Behavioral Therapy (TF-CBT).

I was one of the first therapists in Maine to be certified in TF-CBT, which is one of the models proposed in this bill. Just in the past few years, I have treated approximately 50 Maine children using this evidence based treatment model and have supervised the provision of TF-CBT to countless other children. As a therapist, I have dedicated my career to the care and treatment of children exposed to trauma because it offers me a sense of hope for the future of our communities and humanity. I find this hope not only in the children and families I treat and the clinicians I consult with, but from the research. You may know from my colleagues that the

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literature paints a very bleak picture of the debilitating consequences of childhood trauma.

Childhood trauma and adversity has proven time and again to have both short and long term negative consequences for development, health, and wellbeing. However, there is an additional body of research that provides our field a great deal of hope for the future of these children.

What brings me here today is the hope that we now have through evidence based child trauma interventions, such as TF-CBT, found to be effective in promoting recovery in children and families suffering from trauma exposure.

Treating children exposed to trauma, such as physical and sexual abuse, neglect, exposure to parental substance dependence, and domestic violence presents mental health practitioners with clinical challenges, as we attempt to heal the various developmental injuries that result from these types of childhood experiences. Historically, clinicians have been driven to develop specialties in trauma, which often went hand in hand with years of experience and intensive and costly training that left the mental health field with only a few "niche" providers whose demand outweighed capacity. While the majority of clinicians' caseloads today are filled with children who have experienced traumatic events, there remains a lack of consistent approaches or well-trained trauma specialists. In my own community mental health setting, upwards of 80% of children entering care for outpatient mental health services have a trauma history. This leaves clinicians fumbling to choose the best interventions for the complex clinical presentations of children exposed to trauma. TF-CBT has changed all that. With over 20 years of research and proven effectiveness behind it with repeated randomized control trials, TF-CBT has been scientifically proven to significantly decrease trauma symptoms. In our own research at

Maine Behavioral Healthcare, 95% of the children who received TF-CBT from nationally trained clinicians in this model experienced a significant reduction in symptoms. No longer stumbling, TF-CBT provides behavioral health clinicians a structure and a roadmap for treating childhood trauma that is both accessible and effective. I have personally treated children with TF-CBT who were exposed to homicides, children repeatedly victimized by a sexual perpetrator, and children who were severely neglected. In addition to my direct treatment of these children, I have consulted on countless TF-CBT cases for children affected by generations of domestic violence and physical and sexual abuse. Yet, I continue to stand here with hope because I know we have access through TF-CBT to the tools that can help children heal and thrive following these experiences.

I could choose any number of stories to share with you about children who have benefited from TF-CBT, but the one I will share today is that of Tonya. While I have permission from Tonya and her parents to share Tonya's story, I have disguised her name and some of the details of her story to protect her identity. Tonya was an 11 year old girl when I first saw her and had been severely neglected by her mother and sexually abused by a neighbor. It was later discovered that her mother was paid monetarily for allowing the sexual abuse of Tonya to occur. Tonya was removed from her mother and placed with extended family, where she went on to witness domestic violence in her new home. I treated Tonya using TF-CBT. I share this case now because it demonstrates TF-CBT's effectiveness and application with children with complex trauma histories. Tonya was one of my more difficult clients in terms of executing the TF-CBT model. At times, I wondered if we were making any progress at all, as symptoms

seemed solidified in her psyche and TF-CBT seemed futile given the ongoing safety concerns she was experiencing in her current home. Her parents were difficult to engage due to their own struggles, but despite all of these challenges, we forged on. I believed that if I could offer Tonya the TF-CBT skills to help her cope with the ongoing distress that was being created by her trauma history and bear witness to her past and current experiences as no one had done before, that maybe there was hope for a more positive future. We talked about the future regularly, her one dream being that she wanted to have a "typical American life with a house and husband who loved her." We talked regularly about her inherent resilience, exemplified in her staunch self-protection, as well as her intelligence. We practiced skills during every session and she would tell me "this isn't working," "it can't help." We practiced and practiced and practiced. She was adamant when it came to processing her trauma, as is standard in TF-CBT, that telling her story would only make it worse. Still, we forged on. She finally agreed to process her past trauma. Through much preparation and rehearsal, as is recommended in TF-CBT, she shared with me the details of her experiences. We were able to examine her unhelpful belief systems, mainly that the only person she could rely on in life was herself and that adults can't be trusted. One day towards the end of treatment, Tonya sat in the corner of my office and wrote the following poem, which she has agreed to let me share in the hopes that it may help other children:

Stuck in a closet
Slapped in the face
No one would want to be in that place.

All but silent
Not telling a soul
Who will tell?
It's not my role...
Says the little girl

An angel rises
You need to speak
For if you don't,
Your life will be bleak...Forever

Very slowly, over time and through TF-CBT, Tonya's symptoms decreased. Her PTSD symptoms were not completely gone, but she was sleeping through the night and laughing in session. She was able to focus on her academics at school and she was expressing trust in the teachers to keep her safe and support her. Most importantly, as heard in her poem, Tonya had found hope.

I have many stories similar to that of Tonya's and I have experienced firsthand the transformations that can come from using TF-CBT. I wholeheartedly believe this treatment is as effective as it is because of the high quality training, supervision, and outcome monitoring set forth by the developers of this model. None of these elements come without a cost, but they are a fraction of the cost of the long term health consequences of doing nothing or of the investment in interventions that don't work to effectively address childhood trauma and traumatic stress. TF-CBT requires investment so that it can be delivered and sustained across our state and therefore accessed by our most vulnerable children and families. I am asking that you invest in TF-CBT so that therapists like me can continue providing hope and recovery for children and families exposed to trauma, and in the end, bring hope to each and every one of our communities.

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