

Trauma Informed Child Parent Psychotherapy

TI-CPP is an evidence-based practice for treating children 0-7 years of age with histories of acute or chronic/developmental trauma experiences. The treatment focuses on naming the traumas and healing the child's emotional dysregulation by strengthening safety within the child/caregiver relationship. In contrast to standard play therapy, where healing is expected to happen in the relationship between the child and the therapist, CPP believes that the child's best chance at healing is within a safe and protected relationship with their caregiver. After all, play therapy happens only 1 hour per week, whereas the child/caregiver relationship is active 24/7. Toys and play are the language of childhood and allow the therapist to intentionally play out the traumas rather than waiting for them to spontaneously appear.

Psychological Evaluations

A licensed Child Clinical Psychologist who has over 30 years of experience assessing, evaluating and treating traumatized youth provides comprehensive Psychological Evaluations with thoughtful and detailed recommendations to guide the treatment of youth. A referral for a Psychological Evaluation is typically made by a social worker, parent or therapist looking for diagnostic or clinical direction with a youth. Our psychologist takes a strength-based approach when assessing ADHD, attachment, mood disorders, complex trauma and Autism Spectrum Disorders. She provides a thorough and timely report after clinical interviews and psychological testing with a youth.

Family Reunification

Using Trauma Focused Cognitive Behavior Therapy (TF-CBT), CCP works with biologic and adoptive families to create understanding, compassion and stability so that relationships can heal. The trauma model allows us to take blame out of the conversation and to put the brain and its experiences front and center. When families realize that trauma is largely multigenerational, their reactions to trauma are natural and that they can change their own brains to create well-being and happiness, there is often renewed motivation to work together.

Parenting Assessments

In addition to psychological evaluations, our psychologist provides parenting assessments to help counties and judges determine the safety needs of children and the capacity of their parents. Our psychologist specializes in evaluating the relationship between teen mothers and their children. She makes recommendations to counties and courts regarding the teen mother's ability to provide safe and nurturing care to her children. She helps identify the "benchmarks" and specific behavioral goals that a teen mom needs to learn and demonstrate prior to independent parenting.

Trauma Assessments

Trauma assessments include the use of a specialized assessment tool the Trauma Assessment Tool (TAT) and a thorough clinical interview that focuses on the trauma or traumas that might be the driving force of a youth's emotional and/or behavioral presentation. Master Level or higher clinicians administer the TAT; a semi-structured interview to assess the presence of traumatic experiences and ongoing symptoms of physiologic and emotional distress from these experiences. The clinician uses the TAT along with a Clinical Interview to assess the presence and extent of traumatic experiences and provide recommendations for the most appropriate treatment modality.

Community Care Programs, Inc.

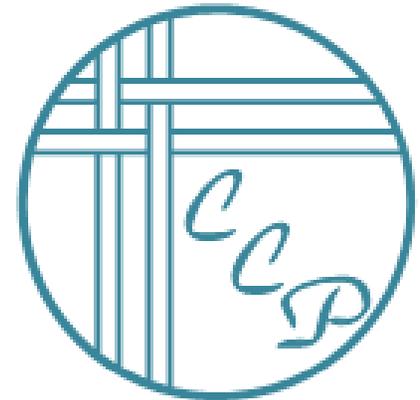
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Community Care Programs, Inc.

Wisconsin Certified Outpatient Behavioral Health Clinic



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Community Care Programs is a trauma informed Middleton-based outpatient mental health and behavioral clinic that specializes in treating child, adolescent and family consumers challenged by a wide range of behavioral and emotional issues. Onsite Services currently available at CCP (Middleton, WI), Adams County HHS, Jefferson County HS and Rock County Health Care Center.

Our mission at CCP is to help youth and family rediscover their motivation to heal while providing them the tools to learn healthy life skills. CCP is unique in that it offers intensive, evidence-based, *targeted treatment programs* that include weekly one hour sessions and a predictable course of therapy. This structured approach to psychotherapy ensures that everyone working with the youth has clear information about the youth's progress in treatment. The consumer's *stage in treatment* is outlined and measured in written weekly progress reports that are provided to the consumer and their representatives.

With caring attention and evidence based treatment strategies we support consumers as they complete their treatment programs and graduate to an individualized recovery plan. They and their support resources are encouraged to practice and apply the skills learned in treatment. Consumers that have 'graduated' can check-in with their psychotherapist through booster sessions designed to problem solve real life barriers. Our staff includes master's level psychotherapists, each with more than 10 years of experience.. Dr. Donna Rifken, our on-site psychologist, is a child, adolescent and family specialist who provides treatment, assessments and consultation to consumers, CCP staff and county partners.

Sexual abuse Treatment Offender Program (STOP)

The STOP (Sexual Abuse Treatment & Offender Program) program provides evidence-based *targeted treatment* that promotes positive outcomes and focuses on risk factor reduction and prevention of sexual recidivism. Our Master's level clinicians are highly experienced and stay current with regard to research and practice with youth who have problematic sexual behaviors.

The STOP program applies a trauma-informed holistic approach to treatment that combines cognitive-behavioral therapy, motivational interviewing, TF-CBT, DBT and various other evidence based models to meet the individual needs of consumers. The program offers weekly individual, group, and family therapy, with a strong emphasis on psycho-education for consumers, their families, and other treatment team members. A Psychosexual Assessment is highly recommended prior to initiating treatment to provide a baseline understanding of the youth's strengths and needs with regard to risk and treatment planning.

Psychosexual Assessments

Psychosexual Assessments can be administered to **both** male and female youth who exhibit problematic sexual behaviors. The Psychosexual Assessment is a trauma informed comprehensive assessment of the youth's risk for sexual recidivism that employs research-based tools such as the J-SOAP-II (Juvenile Sexual Offender Assessment Protocol, Prentky et al, 2000) and the ERASOR (Estimate of Risk of Adolescent Sexual Offense Recidivism, Worling and Curwen, 2001) and tools such as the Abel, Becker & Kaplan Adolescent Cognitions Scale Revised (Judith Becker, Ph.D. and Meg Kaplan, Ph.D.) and the *sexual arousal graphs* (James Worling, Ph.D.) Results from the evidence based tools are combined with the information gleaned from clinical interviews with the youth and his/her parents as well as information collected from collateral interviews. A comprehensive report is typically completed within two weeks of the clinical interview.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma Focused Cognitive Behavior Therapy (TF-CBT) entails a specific set of assessments, applications and interventions directed toward helping kids to resolve deeply seated issues related to past trauma. Objectives of TF-CBT are to understand the traumatic experiences the youth has endured, identify the individual specific triggers as well as the most effective treatment modalities, and implement the best emotional regulation skills for each youth. TF-CBT teaches and coaches psycho-education, relaxation, affect regulation and cognitive coping skills. The psychotherapists can help them apply these skills to the traumatic memories that interfere with functioning. In addition, desensitization helps the youth shed intense emotional reactivity to trauma reminders and grow calmer and more focused.

Dialectical Behavioral Therapy (DBT)

Dialectical behavior therapy (DBT) is a type of cognitive-behavioral psychotherapy that emphasizes the psychosocial aspects of treatment and is based on the theory that some peoples' arousal levels in certain situations can increase far more quickly, attain a higher level of emotional stimulation, and take a greater amount of time to return to baseline levels. DBT generally has two main components:

Individual weekly therapy sessions focus on problem-solving current issues in the person's life; self-injurious/suicidal behaviors are a priority, followed by behaviors that may interfere with the therapy process, as well as quality of life issues, coping with post-traumatic stress responses, and helping enhance one's self-respect and self-image.

Weekly group therapy sessions generally last 90 minute and focus on skills from one of five different modules.

- ◆ Core mindfulness skills
- ◆ Distress tolerance/reality acceptance skills
- ◆ Walking the middle path
- ◆ Emotion regulation
- ◆ Interpersonal effectiveness

Trauma Informed Educator Skills (TIES)

Community Care Programs launched its Trauma Informed Educator Skills (TIES) program in 2014 after successfully using the principles with foster parents, case managers and psychotherapists. We are bringing the Trauma Informed model and strategies to educators working to create trauma sensitive schools. TIES teaches trauma sensitive, just-in-time interventions for children struggling to maintain appropriate behaviors in the classroom. TIES instructors can travel to the school site and work directly with classroom teachers, school counselors and administrative staff. Workshops are tailored to the needs of individual school districts. Instructors provide the latest information on how trauma affects the developing brain, working memory and interpersonal relationships. Strategies for prevention, early intervention and de-escalation to reduce emotional reactivity and improve attention and learning are taught.