



**PATHWAYS
TO PREVENTION**
A CENTRE FOR
DEVELOPMENTAL TRAUMA

Use of the Unified Protocol with Children in a Therapeutic Group Home

David Lindenbach, PhD
Senior Research Scientist

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Land Acknowledgement

We would like to acknowledge that Hull Services is on the traditional land of the Blackfoot Confederacy as well as the Treaty 7 Territory which includes Kainai, Siksika, Piikani, Stoney Nakoda and Tsuut'ina and to also acknowledge the Metis people of Region 3 who make Calgary their home.

Team Members

Hull Services

Emily Wang

Shawn O'Grady

Tania O'Neill

Keeli Francis

Hanneke Nap Dewit

Deanne Pennoyer

Cole Dailey

Maria Malouf

Jamie Pope

Nicole Berggren

University of Calgary

Gina Dimitropoulos

Paul Arnold

Melissa Rowbotham

Alida Anderson

University of Miami

Jill Ehrenreich-May



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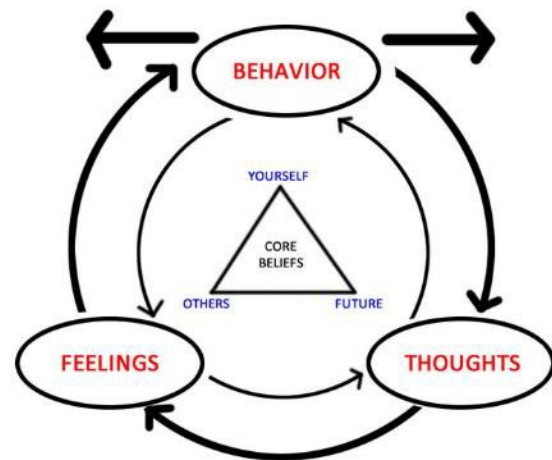
Similarities in Mental Illness

- Overlap in diagnoses
 - Anxiety disorders
 - Mood disorders
 - Substance use disorders
- Overlap in symptoms
 - Excess fears, worries
 - Intense negative emotions
 - Emotional reactivity



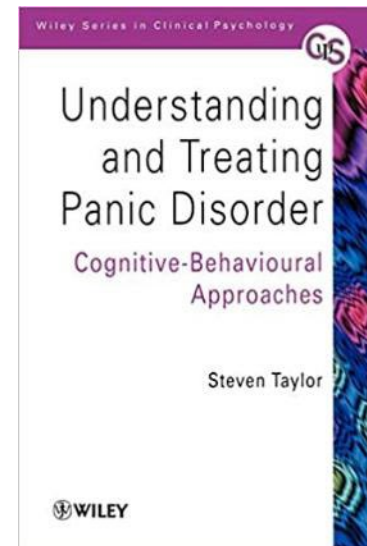
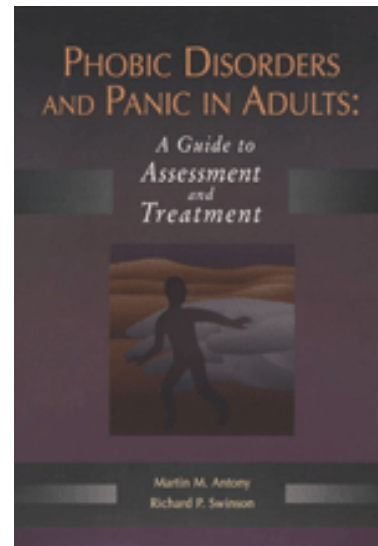
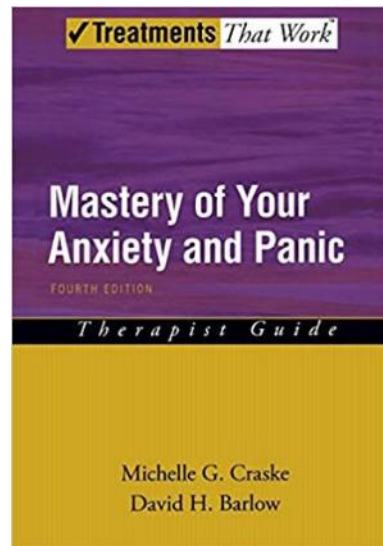
Cognitive Behavioural Therapy (CBT)

- Most effective psychotherapy for most mental health issues
- Core Elements
 - Education on emotions
 - Thinking flexibly
 - Planned exposure to stressful situations



Effectiveness of CBT leads to Explosion in Creation of CBT Manuals

- 15 different CBT manuals for Panic Disorders!
- Few differences between manuals



Wilamowska et al., 2010



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“Unified Protocol for Transdiagnostic Treatment of Emotional Disorders” (UP) Developed as Universal CBT

- Focuses on managing strong emotions (generally) rather than managing one (specific) strong emotion
- Able to help people dealing with excess:
 - Fear
 - Anxiety
 - Sadness
 - Irritability
 - Anger
 - Etc.



Wilamowska et al., 2010



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Advantages of UP vs. CBT for Specific Disorder

1. Treat multiple mental health complaints simultaneously
2. Easier to form groups for therapy
3. Reduces training burden for therapists
4. Youth mental health issues do not fit neatly into diagnostic categories created for older adults



Hull Services



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- Provide behavioural and mental health services to children and youth
- Work with 9,000+ youth and families annually across 29 programs



Pre-Adolescent Treatment Program

- Works with kids age 4-13
- Therapeutic group home with 3:1 ratio of staff to children
- Average length of stay 12-18 months
 - Goal is to stabilize behaviour and transition youth back into community



Structure of UP for Children

- 15x weekly sessions, 60-90 minutes each
- Simultaneous groups for youth / caregivers

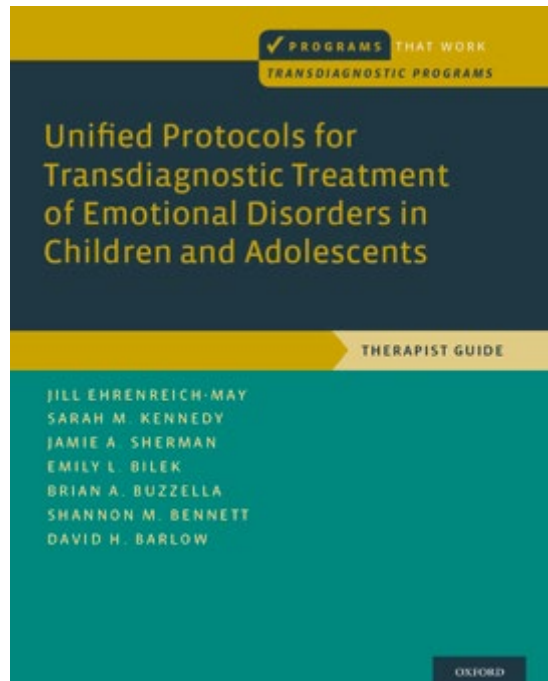


Figure 1.1: CLOES Skills



- C**onsider how I feel
- L**ook at my thoughts
- C**use detective thinking & problem solving
- E**xperience my feelings
- S**tay healthy and happy!

Research Design

- Two-day training for Hull staff
 - Post-training interviews with staff to identify key adaptations for group home
- Three rounds of UP run within group home
 - Interviews and surveys completed by youth, caregivers and staff



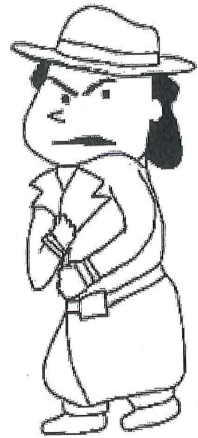
Participants

- **Youth (n = 19)**
 - Age: 9 – 13
 - Gender: 11 male, 7 female, 1 unspecified
 - Ethnicity: 8 European, 7 Indigenous, 1 African, 3 Unsure
- **Caregivers (n = 18)**
 - Age: 32 – 60
 - Gender: 13 female, 5 male
 - Ethnicity: 15 European, 1 Indigenous, 1 Asian, 1 Unsure



Adaptation for Trauma-informed Language

- Substitute “parent” for “caregiver”
- Add “Out to get me Owen” thinking trap



Out to Get Me Owen



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Adaptation for Hybrid Delivery

- Mix of online and in-person therapy sessions
 - For children: in-person to help them focus
 - For caregivers: online to help them attend



Adaptation for Additional Staff Support

- Training floor staff not directly facilitating UP
- Floor staff supports youth to practice skills
- Family workers help caregivers implement strategies in home



Interview Feedback: Appropriateness of Treatment

Trauma-informed approach

“It seems to me that the curriculum is trauma-informed, but I think it’s in the delivery, how we have that trauma-informed lens.”

Timing of treatment

“I think the best time [to use UP] would be just before kids are thinking of transitioning [into the community] and then we can continue to incorporate the learnings of the UP as we transition.”



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Interview Feedback: Involving Staff in Treatment

Youth and caregiver cooperation in treatment

“I think it’s hard for them [youth and caregivers] to practice and do the homework together when they don’t live together. So, it’s something we would have to look at structuring differently.”

Maintaining knowledge in UP among staff

“We have a lot of young staff that it’s their first role out of school, and they’re already pretty anxious and overwhelmed ... I do think UP requires a level of specificity and clinical skills and knowledge that we shouldn’t try to underestimate. Maybe preserve it a little bit for a couple of key roles.”

Interview Feedback: Outcomes

Youth outcomes

“I found an increased use of certain coping tools... some of that hopefulness but also a bit of that confidence piece. I think that comes from doing the ladders, being able to accomplish a particular goal or on their way to accomplishing a particular goal.”

Caregiver outcomes

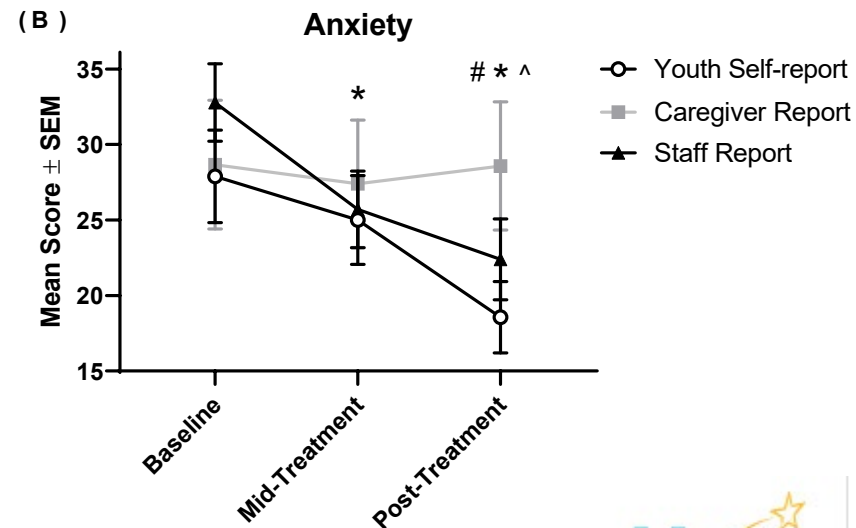
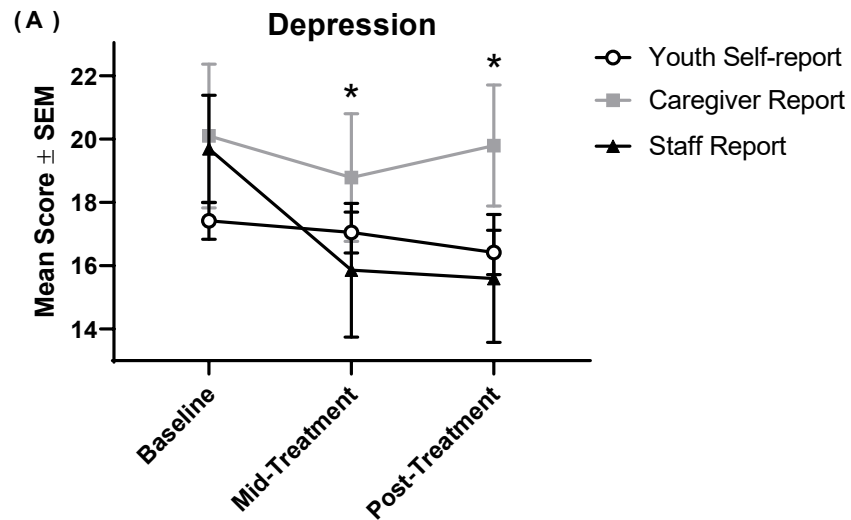
“I’ve had a lot of positive feedback from parents that they feel like they learned a lot, even though the exposures were the biggest challenge for all the parents. They found that very difficult. So, they loved all the learning and the things that they learned leading up to the exposures and then somehow, we get to the exposures and that they found very challenging. That’s pretty much consistently what I saw. But did benefit. And would practice.”



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Survey Results

- Decreased depression (according to staff)
- Decreased anxiety (according to staff and youth)



Summary

- Group home able to incorporate UP into therapeutic program (milieu)
 - Ideal timing: after youth stabilized and transitioning into community
- Challenge for adults to support child in treatment
 - Caregivers may not spend much time with child
 - Frontline staff turnover means training needs to be repeated
- Improved mental health outcomes (depression and anxiety)
 - Difficult to isolate effect of UP from other services



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Pathways to Prevention

- Founded in 2022 with goal of eliminating developmental trauma
- International hub for researchers and service providers to engage in
 - **Research** to prevent and treat developmental trauma
 - **Education and training** to support clinicians and people impacted by developmental trauma
 - **Advocacy** to transform policy and clinical practice





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David Lindenbach
dlindenbach@hullservices.ca

