**Sample Abstract: Mini Workshop**

**Title: Making Every Minute Count: The Nuts and Bolts of Evidence-Based Trauma Assessment for Youth**

Basic level of familiarity with the material

**Participants earn 1.5 continuing education credits**

**Abstract:**

When it comes to working with youth who have experienced trauma and are struggling with posttraumatic stress, multiple challenges may be present that can impact time, direction, and efficiency in therapy sessions. Crises, avoidance, and youth and caregiver engagement issues can derail a practitioner’s ability to stay focused on specific treatment targets and select relevant, evidence-based interventions. Relatedly, just because a youth is exposed to trauma does not mean that they will have long term challenges or symptoms. The COVID-19 pandemic has also contributed to the complexity with which practitioners conceptualize youth exposed to trauma and the potential for resulting difficulties. Taken together these factors can potentially impact the access, cost, and value of care for youth and families.

To make every minute count in a session and across an episode of care for a youth, having an evidence-based, logic model to guide practitioners’ decisions can be helpful. Efficient identification, comprehensive case conceptualization, targeted evidence-based practice selection, and accurate documentation and monitoring all feed into the decision to continue or conclude treatment and to determine if positive outcomes have been achieved. This type of model for care must be informed by gold-standard, evidence-based tools in order to ensure that practitioners’ decisions are targeted and efficient. Research has demonstrated that these tools should include behaviorally-specific questioning, and provide information beyond the initial screening and diagnostic assessment phases of care. However, research has also demonstrated that adoption of evidence-based models and tools is slow due to access, knowledge and practitioner time and ability to distinguish between the many options available.

In this presentation participants will be introduced to a care process model grounded in best practices for screening and assessment; identify gold-standard tools to inform their decisions to implement a care process model; apply their knowledge regarding trauma screening and assessment; identify practical strategies for incorporating the tools and interventions into sessions; be introduced to making case disposition planning decisions using these tools via discussion and vignettes.

**Outline:**

* When treating trauma-exposed youth, many challenges that can impact time, direction, and efficiency in psychotherapy sessions and across an episode of care are often present.
* The demand for practitioners to be targeted and efficient when providing psychotherapy is higher than ever, given workforce shortages and increasingly higher waitlists for services.
* Having an evidence-based logic model for the care process is a helpful strategy for making every minute count in a session and across an episode of care.
* This workshop will introduce practitioners to the Care Process Model for Trauma, as well as to gold-standard screening and assessment tools to inform their case disposition planning and practice implementation.

**Learning Objectives:**

* Identify a care process model grounded in best practices for screening and assessment.
* Identify gold-standard tools to inform their decisions to implement a care process model.
* Apply their knowledge regarding trauma screening and assessment via discussions and vignettes.
* Identify practical strategies for incorporating the tools and interventions into sessions via discussions and vignettes.

**Long-term Goal:**

* Practice case disposition planning decisions using the tools presented in the workshop.
* Use tools presented in the workshop with actual cases from participants’ caseloads.

**Recommended Readings:**

Doric, Stevanovic, Stupar, Vostanis, Atilola, Moreira, Dodig-Curkovic, Franic, Davidovic, Avicenna, Noor, Nussbaum, Thabet, Ubalde, Petrov, Deljkovic, Antonio, Ribas, Oliveira, & Rajna Knez (2019). UCLA PTSD reaction index for DSM-5 (PTSD-RI-5): A psychometric study of adolescents sampled from
communities in eleven countries. European Journal of Psychotraumatology, 10:1, DOI:10.1080/20008198.2019.1605282

Anda, Porter, & Brown (2020). Inside the Adverse Childhood Experience score: Strengths, limitations, and misapplications. American Journal of Preventative Medicine, 000, 1-3. DOI: 10.1016/j.amepre.2020.01.009

Saifan, Kataoka, & Chorpita (2021). Traumatic stress as a treatment priority: Its prevalence and impact on children’s mental health services. Child & Family Behavior Therapy, 43:3, 133-160, DOI: 10.1080/07317107.2021.1940581