Trauma: Tools for Creating Trauma-Informed Systems of Care and Services

Professional Development Seminar
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Objectives

Provide background and history of the trauma-informed care resource tool

Provide an interactive overview of the tool

• Preview sections of video interviews
• Audience feedback on content and format

Provide information on trauma-informed care such as:

• What is trauma and trauma-informed care?
• Impact of culture
• Evidence-based treatments
• Family and Youth Perspective

New Online Video Enhanced Resource Tool

Link to Online Resource Tool

Introduction and Orientation to the 8 Modules

Each module contains:

Introduction Video
Video compilations of policy makers, direct care staff, program developers and experts
Issue Brief
Resources

Adverse Childhood Experience (ACE) Study

One of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being.

Collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente’s Health Appraisal Clinic in San Diego.
ACE Study Continued

• Initial phase 1995 to 1997
• More than 17,000 participants
  – completed a standardized physical examination and
    completed a confidential survey that contained questions
    about childhood maltreatment and family dysfunction, as well
    as items detailing their current health status and behaviors
• No further participants were enrolled, but medical
  status of the baseline participants tracked over time.

10 Adverse Childhood Experiences Studied

• Childhood abuse
  – Emotional
  – Physical
  – Sexual
• Neglect
  – Emotional
  – Physical
• Household Situations:
  – Parental separation or divorce
  – Household substance abuse
  – Household mental illness
  – Mother treated violently
  – Incarcerated household member

ADVERSE CHILDHOOD EXPERIENCES

Polling: Finding your ACE Score

What is your total ACE Score?
Worksheet to calculate ACE Score

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Module 1: Understanding the Impact of Trauma

Types of Stress

Positive
• Brief
• Increases in heart rate
• Mild elevations in stress hormone levels

Tolerable
• Serious
• Temporary stress response
• Buffered by supportive relationships

Toxic
• Prolonged activation of stress response system
  in absence of protective relationships
• Chronic trauma

Link to Online Resource Tool
### Stress Response

- The sympathetic nervous system triggers the fight or flight response.
- When escape is impossible, fighting is not an option, or the traumatic threat is prolonged, the parasympathetic branch is activated, causing a state of freezing called ‘tonic immobility’.

### Effects of Toxic Stress on Brain Development

- The developing brain is malleable.
- The interaction between genes and experiences shape the structure of the developing brain.

### Effects in the Womb

- A mother’s environmental exposures and nutrition during pregnancy may be causing epigenetic changes in babies.
  - A mother’s excessive Cortisol can reach the baby in the womb and raise the child’s baseline for blood pressure.

### Long-Term Impact of Toxic Stress

- Children experiencing toxic stress, may:
  - Be easily overwhelmed by minor stressors such as a change in their schedule or routine.
  - Have difficulty soothing or calming themselves.
  - Have difficulty with focusing and paying attention.
  - Be anxious, unable to settle down.
  - Exhibit Bullying and other aggressive behaviors.
  - Experience hyperarousal that causes that to overreact to nonthreatening triggers.
  - Exhibit dissociation from the traumatic event in which the child shuts down emotionally.
  - Exhibit disruptions in emotional attachment.

### Screening

- **Screening**
  - Administered to Everyone in Group
  - Brief
  - Easy to Complete
  - Gives ‘Yes’ or ‘No’ Information
  - Focused on Specific Topic

- **Assessment**
  - In-Depth
  - Requires Training
  - Administered to Targeted People
  - Gains Unique Client Picture
  - Informs Treatment
  - Completed Over 3-5 Visits

- **Psychological Evaluation**
  - Even More In-Depth
  - Completed by Psychologists (Typically)
  - Gives Very Specific Information

- **Trauma-informed screening** refers to a brief, focused inquiry to determine whether an individual has experienced specific traumatic events or reactions to trauma and if they need trauma-focused mental health treatment.

- Completed by individuals who work directly with children – may include child welfare, juvenile justice, school personnel, as well as attorneys.

- Usually includes questions regarding a child’s exposure to trauma and his/her symptoms.

- We often screen, even if we don’t use a specific tool or process.
Common Examples of Screening

- TB Test
- Blood Pressure
- Ultrasound
- Hearing and Vision

Trauma-Related Needs Screening

- The 3 E’s
  - Event:
    - Domestic Violence
    - Injury
    - Physical Abuse
    - Sexual Abuse
    - Community and School Violence
    - Traumatic Grief
  - Experience:
    - Reactions that are specific responses to trauma
    - Avoidance of triggers
    - Intrusive thoughts
    - Nightmares about the event
  - Effect:
    - Symptoms that may be strongly related to trauma (but not necessarily) and may develop over time
      - Generalized Anxiety
      - Behavior Problems
      - Depression

Adapted from Griffin, E. (2012). Presentation at the NIDA/ACYF experts meeting on trauma and child abuse.

Trauma Screening

- Brief, focused inquiry to determine whether an individual has experienced specific traumatic events or reactions to trauma
- Done by front-line workers such as child welfare workers
- Usually includes questions regarding exposure to trauma and related symptoms
- Assists workers in understanding the child’s and family’s history and potential triggers
- Directs trauma-informed case planning
- Positive screen may trigger referral for comprehensive trauma mental health assessment

Trauma Assessment

- A more in-depth exploration of the nature and severity of the traumatic events, the impact of those events, current trauma-related symptoms, and functional impairment
- Usually done by a mental health provider to drive treatment planning
- Occurs over at least 2-3 sessions
- Includes a clinical interview, use of objective measures, behavioral observations of the child, and collateral contacts with family, caseworkers, etc.

Trauma Assessment (continued)

- Domains covered include:
  - Basic demographics
  - Family history
  - Trauma history (comprehensive, including events experienced or witnessed)
  - Developmental history
  - Overview of child’s problems/symptoms
- Includes trauma-specific standardized clinical measures to assist in identifying the types and severity of symptoms the child is experiencing
- May include assessment of caregiver stress and/or trauma and parent-child relationship

Trauma Assessment Process

- ASSESSMENT
  - Clinical Interview
  - Direct Rating Scales
  - Interviewer-Scored Rating Scales
  - Miscellaneous Tools (e.g., Project PHX, Phases of Trauma, etc.)
- TREATMENT
  - Based on Integrated Clinical Theory
  - Includes Trauma-Informed Services with Approaches

- Integration: Identification of Social Stressors
- Integration: Relationship-Based and Trauma-Informed Services with Approaches
Ongoing Assessment

- **Informs Treatment**
  - Changes in Targeted Behaviors
  - New Areas of Focus?
  - Adjust Treatment Plan or Treatment Approach

- **Monitors Progress**
  - Track Changes Over Time
  - Cross-System Collaboration
  - Improved Communication
  - Implications for Psychotropic Meds
  - Aggregate Patterns
  - Data-Informed Services

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Definition of Trauma-Informed Child- and Family-Service System

A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.


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Essential Elements of a Trauma-Informed Child Welfare System

1. Maximize physical and psychological safety for children and families.
2. Identify trauma-related needs of children and families.
3. Enhance child well-being and resilience.
4. Enhance family well-being and resilience.
5. Enhance the well-being and resilience of those working in the system.
6. Partner with youth and families.
7. Partner with agencies and systems that interact with children and families.
Module 3: Creating Trauma-Informed Provider Organizations

Impact of Working with Victims of Trauma

- Trauma experienced while working in the role of helper has been described as:
  - Compassion fatigue
  - Secondary traumatic stress (STS)
  - Vicarious traumatization
- STS is the stress of helping or wanting to help a person who has been traumatized.
- Unlike other forms of job “burnout,” STS is precipitated not by work load and institutional stress but by exposure to clients’ trauma (acute or cumulative).
- STS can disrupt child welfare workers’ lives, feelings, personal relationships, and overall view of the world.

Sources of Secondary Trauma in Child Welfare

- The death of a child or adult on the worker’s caseload
- Investigating a vicious abuse or neglect report
- Frequent/chronic exposure to children’s detailed and emotional accounts of traumatic events
- Photographic images of horrific injury or scenes of a recent serious injury or death
- Helping to support grieving family members following a child abuse death, including the siblings of the deceased child
- Concerns about the continued funding and adequacy of resources for their agency
- Concerns about being publicly scape-goated for a tragic outcome when they did not have the means or authority to intervene effectively

STS Signs and Symptoms

- Avoidance (including of certain clients)
- Preoccupation with clients/client stories
- Intrusive thoughts/nightmares/flashbacks
- Arousal symptoms
- Thoughts of violence/revenge
- Feeling estranged/isolated/having no one to talk to
- Feeling trapped, “infected” by trauma, hopeless, inadequate, depressed
- Having difficulty separating work from personal life

Sound familiar?

Strategies to Address STS

Personal strategies, such as respecting one’s own limits and maintaining time for self-care activities.

Professional strategies, such as balancing caseload, having supervision and support available.

Organizational strategies, such as sufficient time off and safe physical space.

Module 4: Evidence-Based Treatments Addressing Trauma

- Trauma informed care: Perspectives and Resources
- Link to Online Resource Tool
Evidence-Based Practice

- The Institute of Medicine (IOM) defines “evidence-based practice” as a combination of the following three factors: (1) best research evidence, (2) best clinical experience, and (3) consistent with patient values (IOM, 2001).
- Evidence-based trauma treatments have research to support their efficacy with specific populations.


What are the Core Components of Evidence-Based Trauma Treatment?

- Building a strong therapeutic relationship
- Psycho-education about normal responses to trauma
- Parent support, conjoint therapy, or parent training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Cognitive processing or reframing

Core Components of Evidence-Based Trauma Treatment (cont’d)

- Opportunity for trauma integration
- Strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered and integrated into the child’s experience
- Personal safety training and other important empowerment activities
- Resilience and closure

How Do These Core Components Fit Together to Create Evidence-Based Practices?

Treatment Triage: Examples of Evidence-Based Trauma Treatments for Children

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization and Reprocessing for Children and Adolescents (EMDR)
- Child-Parent Psychotherapy (CPP)
- Prolonged Exposure Therapy for Adolescents (PE-A)
- See www.cebc4cw.org for more information on other modalities that exist

Questions to Ask Therapists and Agencies That Provide Services

- Do you provide trauma-specific or trauma-informed therapy? If so, how do you determine whether the child needs trauma-specific therapy?
- How familiar are you with evidence-based treatment models designed and tested for treatment of child trauma-related symptoms?
- How do you approach therapy with children and their families who have been impacted by trauma (regardless of whether they indicate or request trauma-informed treatment)?
- Describe a typical course of therapy (e.g., can you describe the core components of your treatment approach?).
Module 5: Public Health Approach and Cost-Benefits of Trauma-Informed Care

What is a Public Health Approach?

- Scientific
- Systematic

How do we Engage in a Public health Approach?

- Traditionally think of public health as physical health issues which can be seen
  - Smoking
  - Obesity
  - Heart disease
  - Texting while driving

- Solutions
  - Vaccinations
  - Seat belt laws
  - Fines for texting while driving

- Trauma is a public health issue- it encompasses everything from poverty to illness to child maltreatment

How is Trauma a Public Health Issue?

Why do we take a public health approach?

- Extremely difficult to approximate because typical surveillance does not track trauma
- Must look to specific conditions/diagnoses
- For example, the cost of child maltreatment in 2010 was $124 billion dollars, $210,012 per child (Fang et al, 2012)
  - How does that break down?

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**Next Steps to engaging in a Public Health Approach**

- Substance Abuse Prevention
- Mental Health Prevention
- School Violence Prevention
- Child Abuse Prevention
- Suicide Prevention
- **TRAUMA**

**Module 6: Youth and Family Perspectives on Trauma-Informed Care**

**Trauma & Youth**

- It is hard for youth to truly understand what trauma is?
- Its confusing, its abstract, its bad things happen to good people and unfortunately its just normal.
- We brush it off ......... that just how dad is ..........or mom is always like that .......I provoked it ............I’m just not good enough to please them Oh, gosh I should have known better........... ........... It’s just life

**Experiences Shape how we see our world**

- How we approach services
- How we develop and maintain healthy relationships
- How we view ourselves
- How we manage stress
- How understanding safety
- How we engage in community
- Who we trust
TRAUMA = EVENTS+ EXPERIENCES+ EFFECTS

- What has happened?
- An event maybe experienced as traumatic by an individual and not by another
- The experience can be influenced by cultural beliefs and the developmental stage of the individual
- Effects maybe immediately or over time
- Effects may include physical, mental, emotional, cognitive, behavioral, social and spiritual challenges

A Lot Can Be Accomplished in a Year...

- Leaders in state and local child-serving systems, family and youth organizations and provider agencies from 8 States share examples of the progress in their journey toward becoming more trauma-informed such as:
  - Creating and strengthening collaborative partnerships
  - Changing policies
  - Implementing new practices
  - Training and coaching in Evidence-Based Treatments

Research is needed and continues on...

- brain development
- epigenetics
- primary prevention efforts to decrease the preventable trauma exposures
- needs of military families, survivors of sex trafficking, incarcerated mothers with untreated childhood trauma exposure
- research about which treatment approaches are most effective for specific populations such as individuals with developmental disabilities or substance use disorders
- animal-assisted therapies
- self-care approaches for helping professionals such as “Brain Gym”
- more intentional partnering with juvenile courts, law enforcement, and first responders in implementing trauma informed approaches
- financial impact of not addressing trauma

Why Is it Important To Do This Work?