Wayne State University
School of Social Work
Edith Harris Lecture
November 2016

Building Trauma-Informed and in Child Welfare and Beyond

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Co-Principal Investigator
SAMHSA - Chadwick Trauma Informed Systems – DI Project

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Every System is Perfectly Designed to Get the Results it Gets

Paul Batalden IHI

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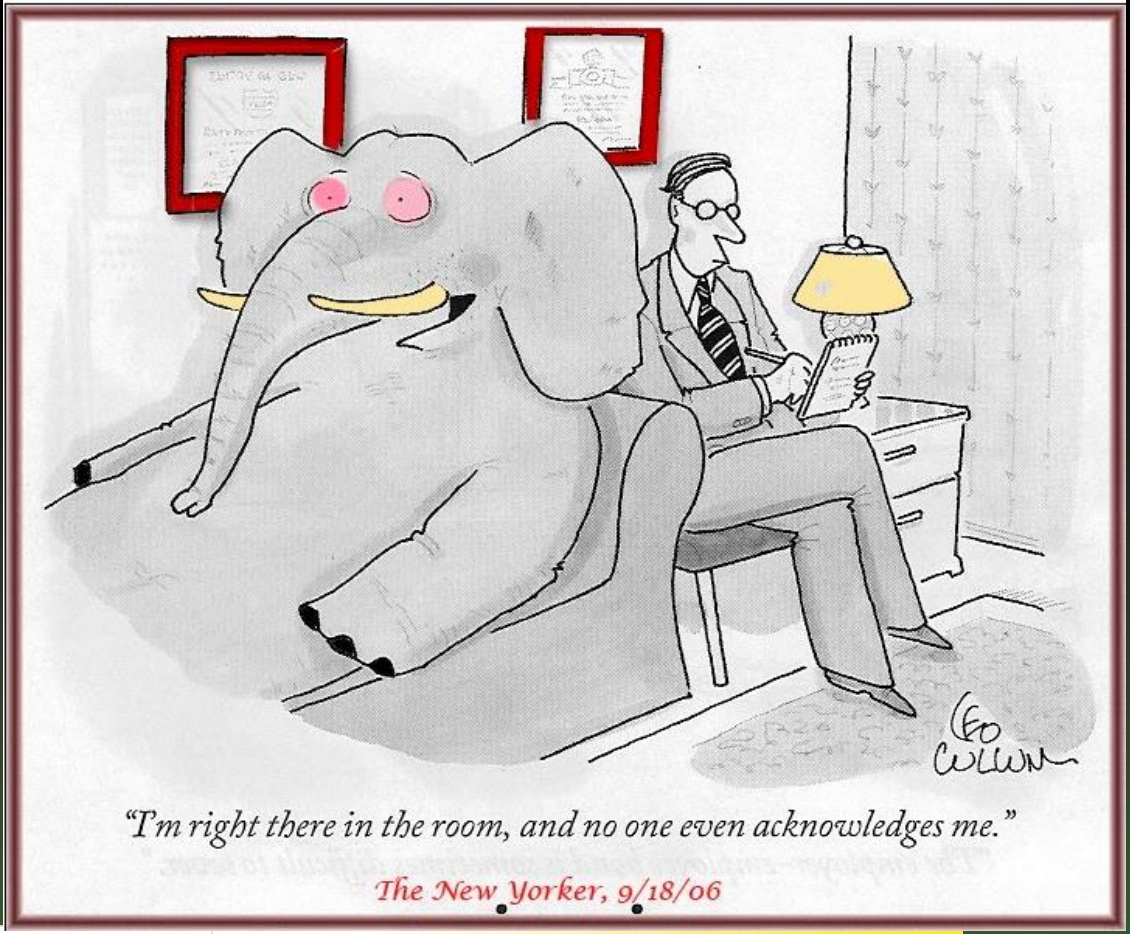
Today

- What are Trauma Informed Services and Why You Should Care?
- What Do They Look Like in Practice
- We will explore the parallel process between what we wish to a accomplish with children and families and then what we wish to accomplish with organizations to make them trauma informed and resilient systems

Trauma has been the Elephant in the Middle of Our Room



"I'm right there in the room, and no one even acknowledges me."

The New Yorker, 9/18/06

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Development of Trauma Informed System Timeline

Pre 2003

Spring of 1984

"You're supposed to be helping..... but your making it worse!"

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Development of Trauma Informed System Timeline

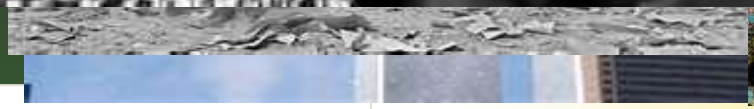
Pre 2003

2003-NCTSN Interest in Systems Change

Today

First, What's With All the Word Confusion

Courtesy Lisa Amaya Jackson and colleagues 2015



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What is Trauma?

First - it is an event or series of events

Second element is defined by the individual experience

Third –Is the measurable impact

What Is Child Traumatic Stress?

- Child traumatic stress refers to the *physical* and *emotional responses* of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling)
- Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal

Types of Traumatic Stress

- Acute trauma
- Chronic trauma
- Complex trauma
- Historical Trauma

Childhood Trauma and PTSD

- Key symptoms of PTSD:
  - Re-experiencing the traumatic event (e.g. nightmares, intrusive memories)
  - Intense psychological or physiological reactions to internal or external cues that symbolize or resemble some aspect of the original trauma
  - Avoidance of thoughts, feelings, places, and people associated with the trauma
  - Emotional numbing (e.g. detachment, estrangement, loss of interest in activities)
  - Increased arousal (e.g. heightened startle response, sleep disorders, irritability)

Source: American Psychiatric Association. (2000). *DSM-IV-TR (4th ed.)*. Washington DC: APA.

Child Welfare Goals
Why Trauma Frame?

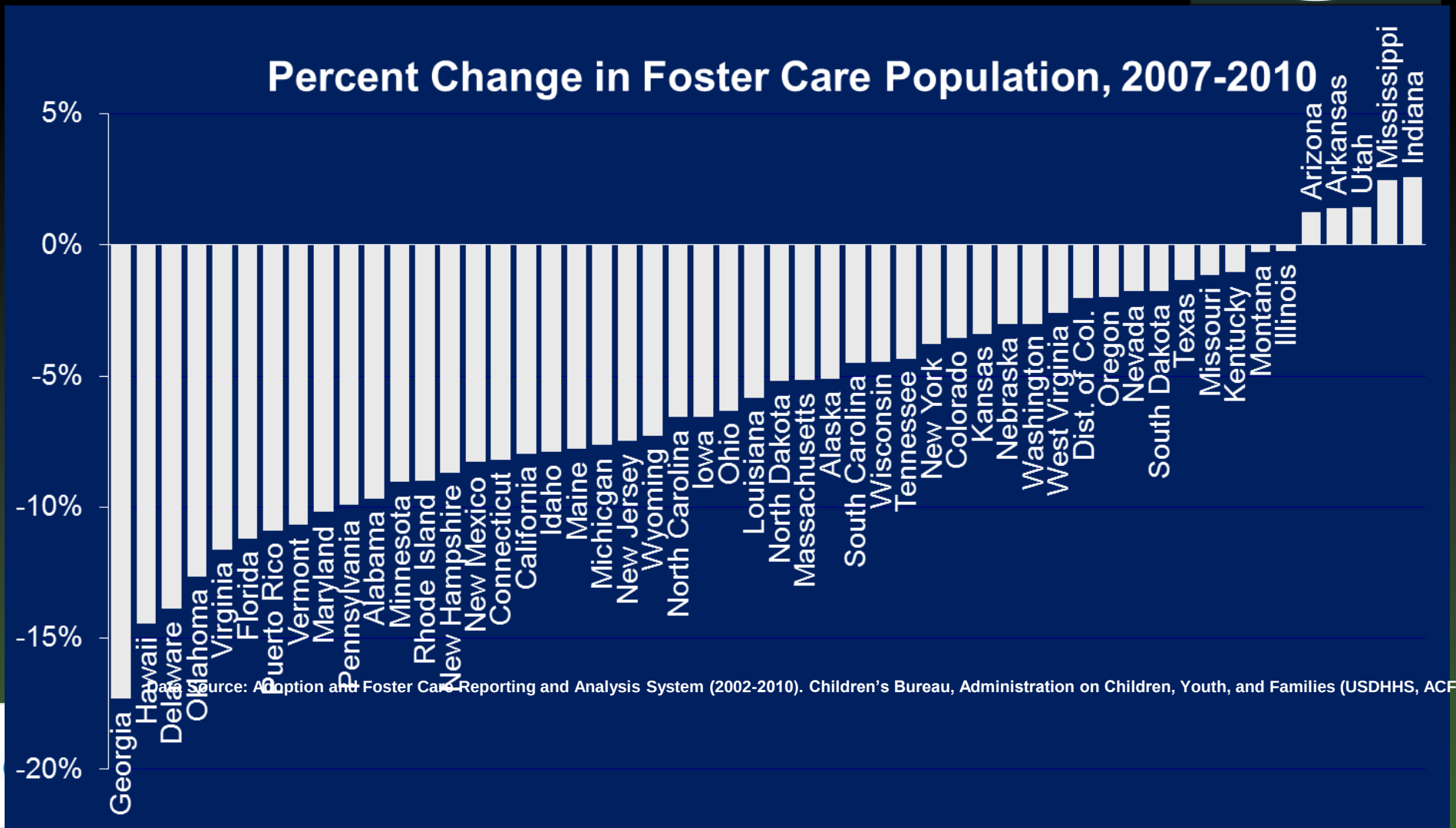
Safety

Permanency

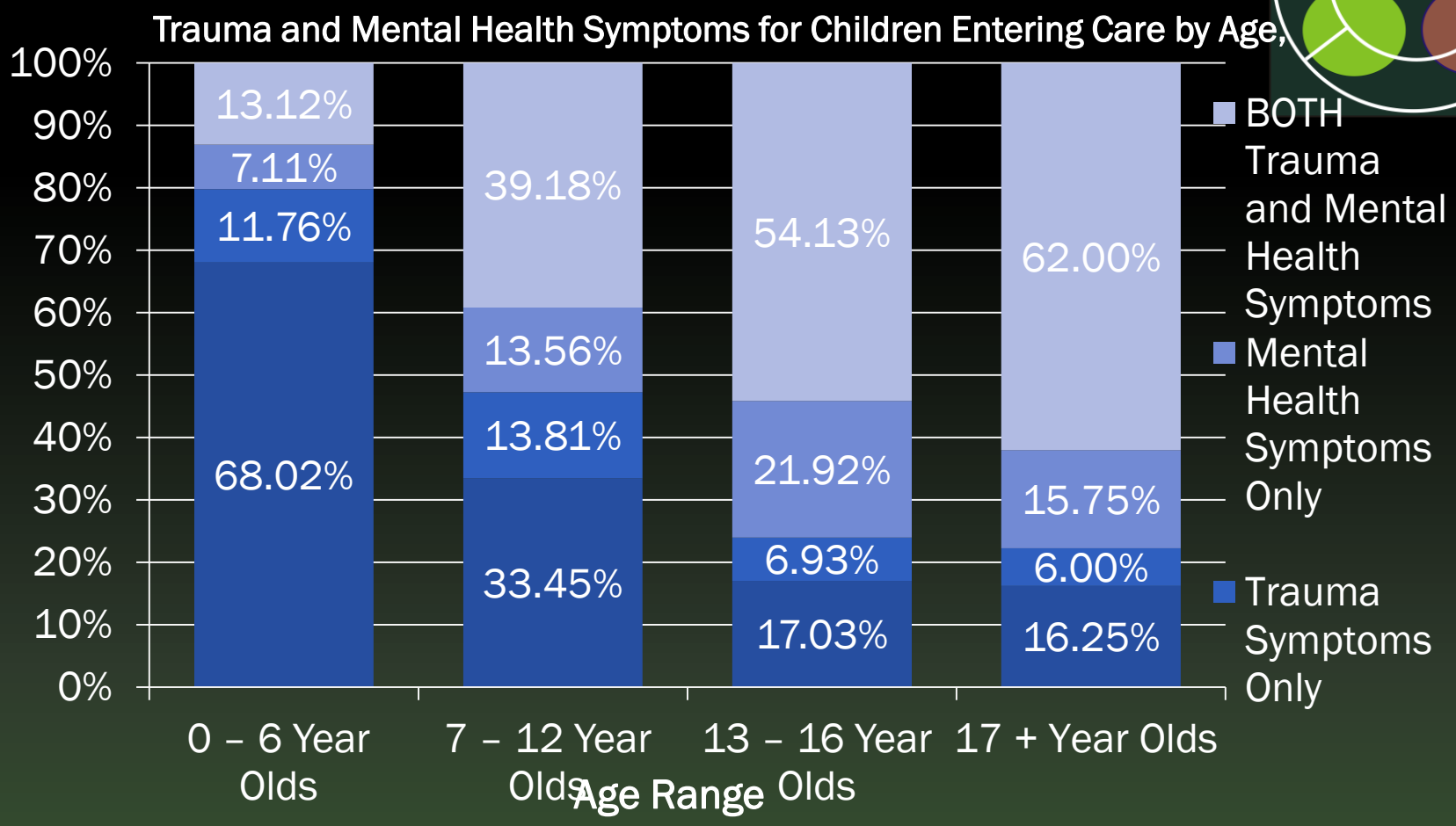
Well-being

With ASFA Child Welfare Focused on Safety and Permanency

BRYAN SAMUELS-ACF



The Overlap of Trauma and Mental Health Symptoms



Persistence of Problems after Permanence: Reunification

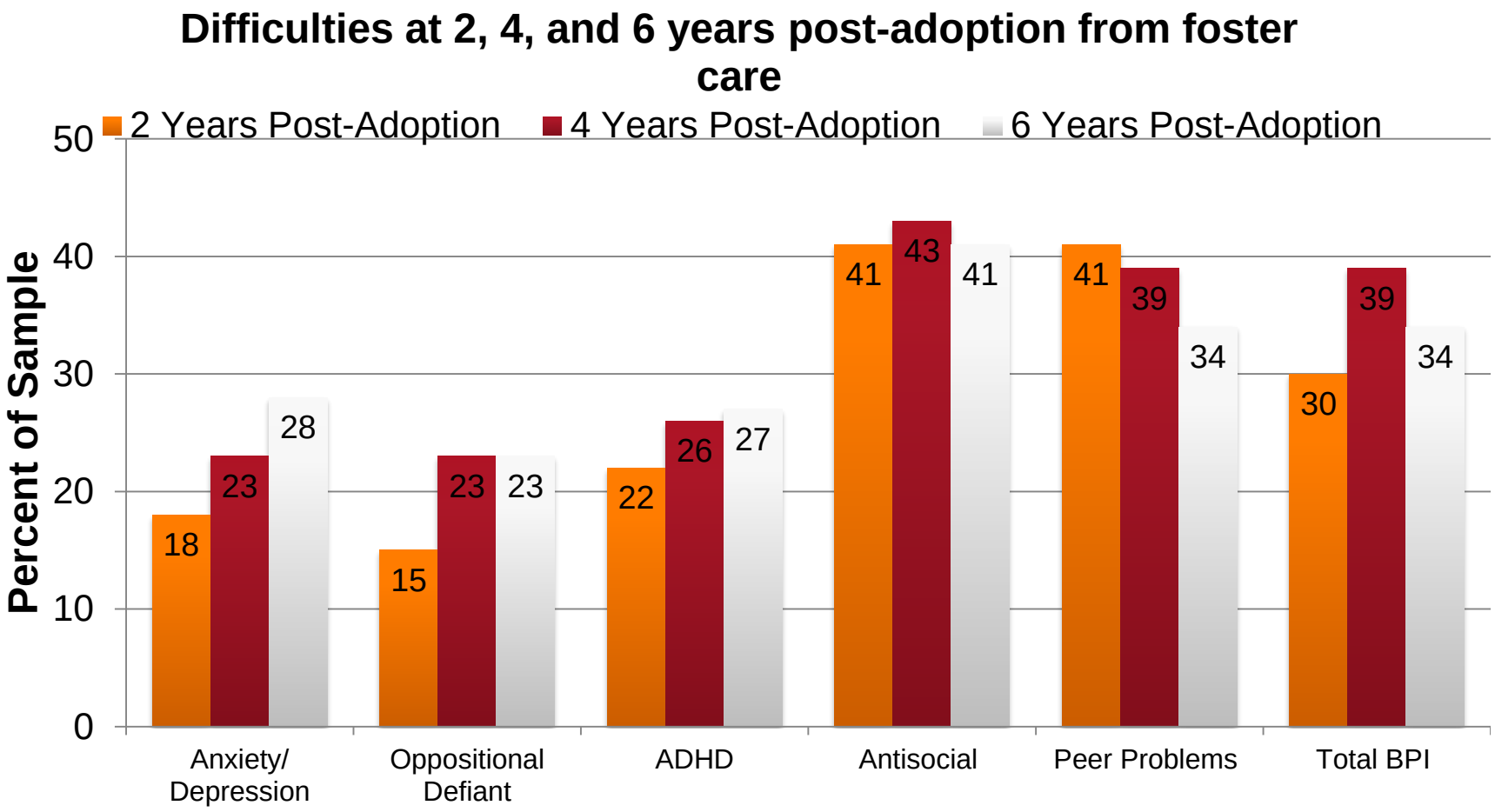
HN; Clyman, RB & Landsverk, J. (2001). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. Pediatrics. 108, e10.

2. Bellamy, J. (2008). Behavioral problems following reunification of children in long-term foster care. Children and Youth Services Review. 30:216.

Persistence of Problems after Permanence: Kinship Care

Outcome	Kinship Groups					Overall
	100% of time in kinship care	More than 50% of time in kinship care	50% or less time in kinship care, fewer than 9 placements total	50% or less time in kinship care, 9 or more placements	No time in kinship care	
CIDI DSM diagnosis	50%	45%	46%	48%	46%	46%
Three or more Diagnoses	12%	18%	12%	18%	12%	13%
Major Depression Episode	12%	17%	14%	18%	15%	15%
Panic syndrome	4%	5%	12%	6%	12%	12%
Modified Social Phobia	12%	14%	10%	13%	12%	12%
Generalized Anxiety Disorder	4%	8%	13%	12%	9%	9%
PTSD	23%	18%	17%	30%	22%	22%

Average age was 30.5 years old, ranging from 20 to 49.
Source: Roller White, C; Havalchak, A; Jackson, L; O'Brien, K & Pecora, P. (2007) *Mental Health, Ethnicity, Sexuality, and Spirituality among Youth in Foster Care: Findings from the Casey Field Office Mental Health Study*. Casey Family Programs.



Source: Simmel, C.; et al. (2007). Adopted youths psychosocial functioning: A longitudinal perspective. Child and Family Social Work. 12(4):336. BPI: Behavior Problems Index

Link Between Traumatic Environment and Behavior

Abnormal Environment
Violence, Abuse, Constant Arousal

Adaptive Behaviors
Survival, Fight, Flight, Rapid Emotional Change

Normal Environment
Absence of Violence and Threat

Maladaptive Behaviors
Survival, Fight, Flight, Rapid Emotional Change

Long-Term Effects of Childhood Trauma

- In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors
- These behaviors place them at risk for a range of serious mental and physical health problems, including:
  - Alcoholism
  - Drug abuse
  - Depression
  - Suicide attempts
  - Sexually transmitted diseases (due to high risk activity with multiple partners)
  - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Long-Term Consequences

Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- Family violence
- High utilization of health and social services

-- F. Putnam, 2008

Data: www.AceStudy.org, www.nasmhpd.org

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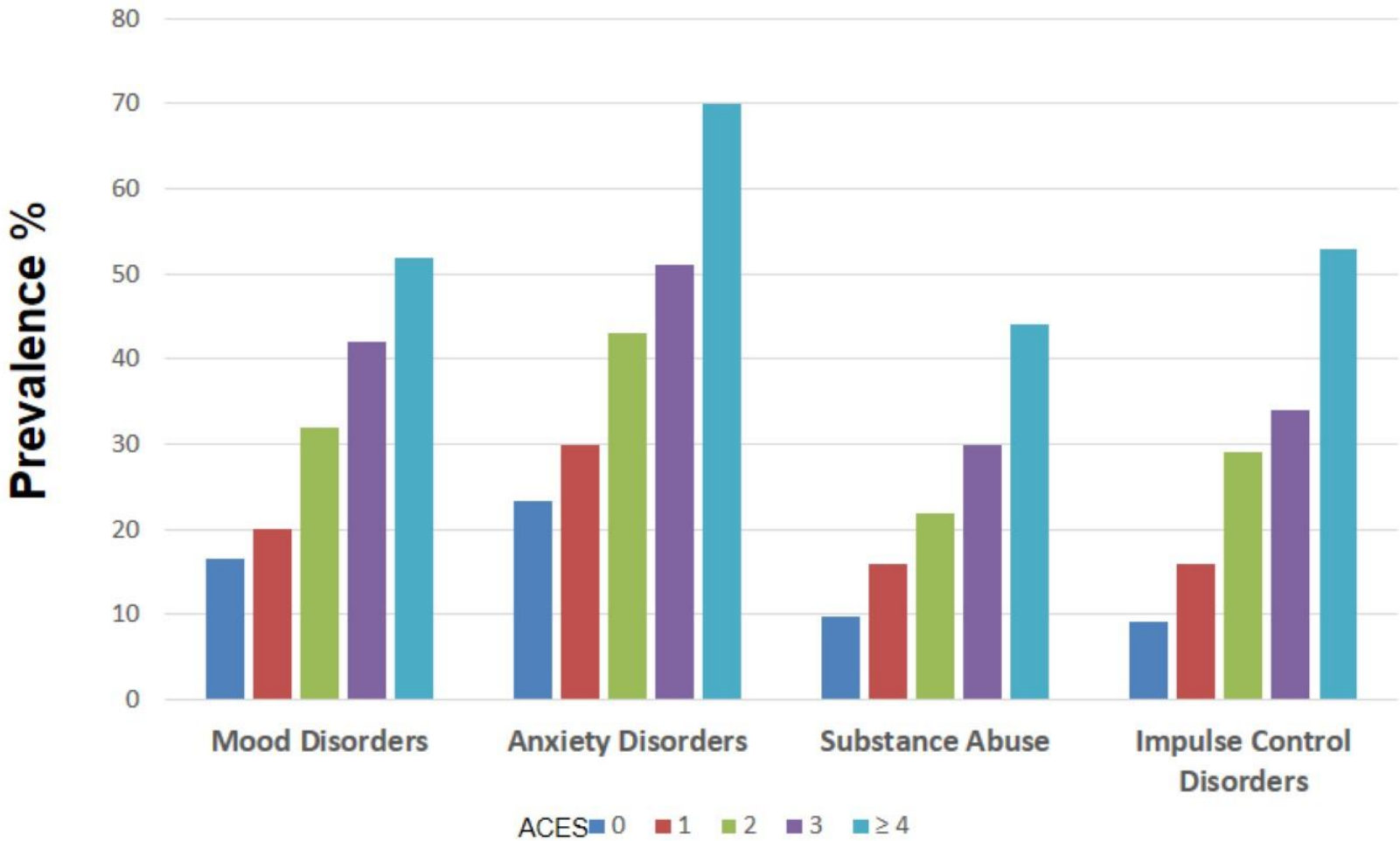
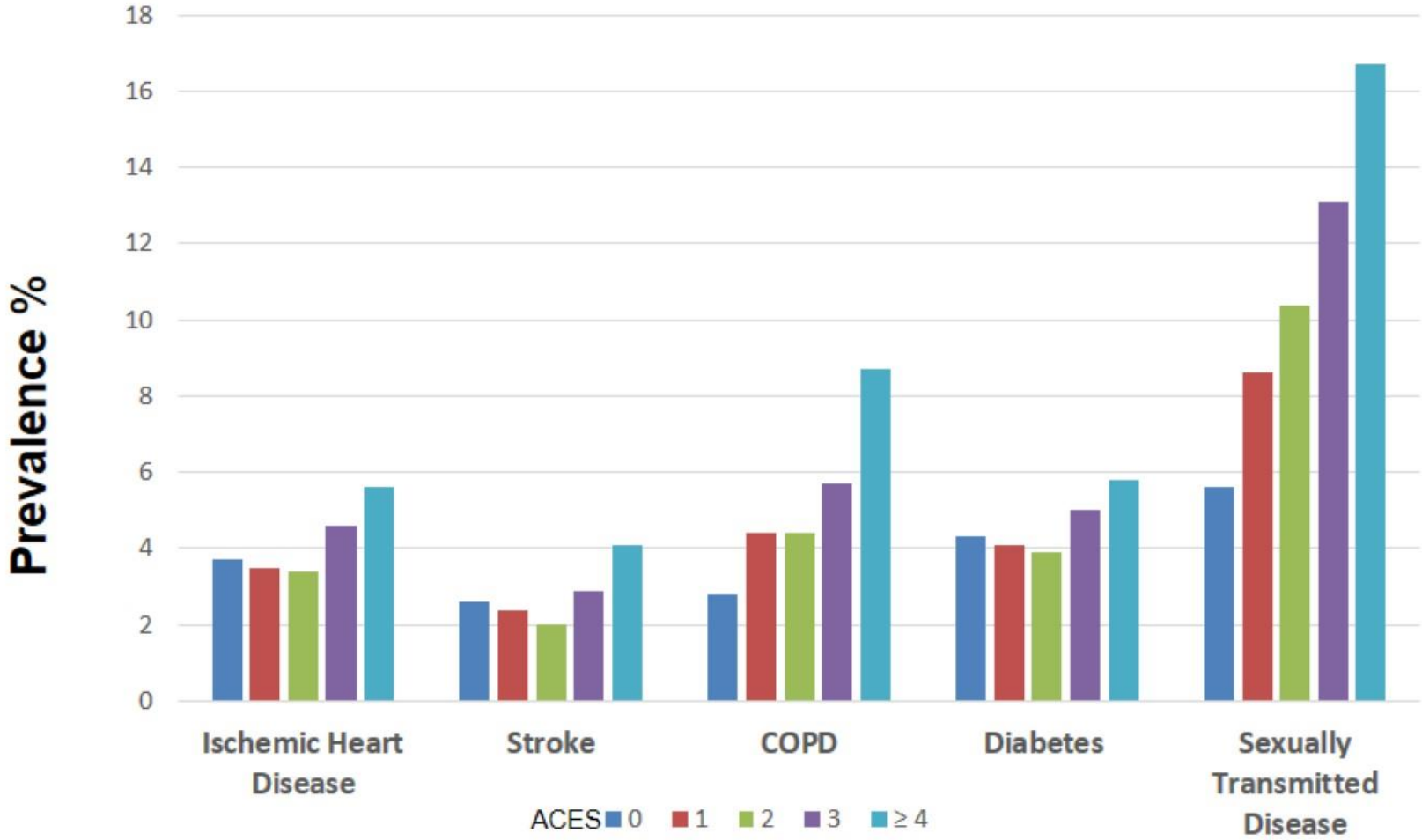
Cumulative ACES & Mental Health[1,2]



[1]Data from the National Comorbidity Survey-Replication Sample (NCS-R).
[2]Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

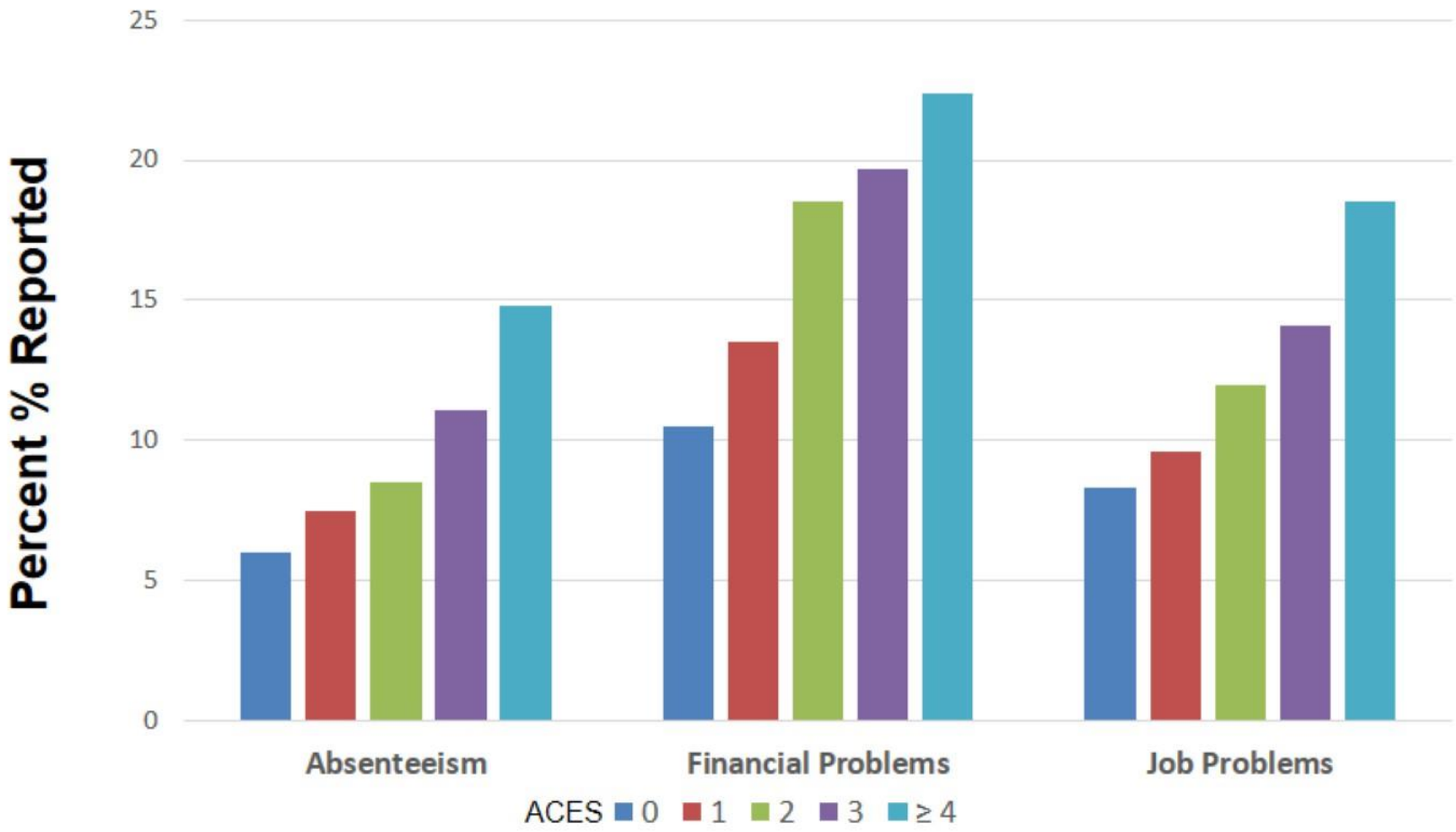
Cumulative ACES & Chronic Disease[1]



[1]Felitti et al., (1998) American Journal of Preventive Medicine, 14:245-258.

CANarratives.org

Cumulative ACES & Impaired Worker Performance[1]

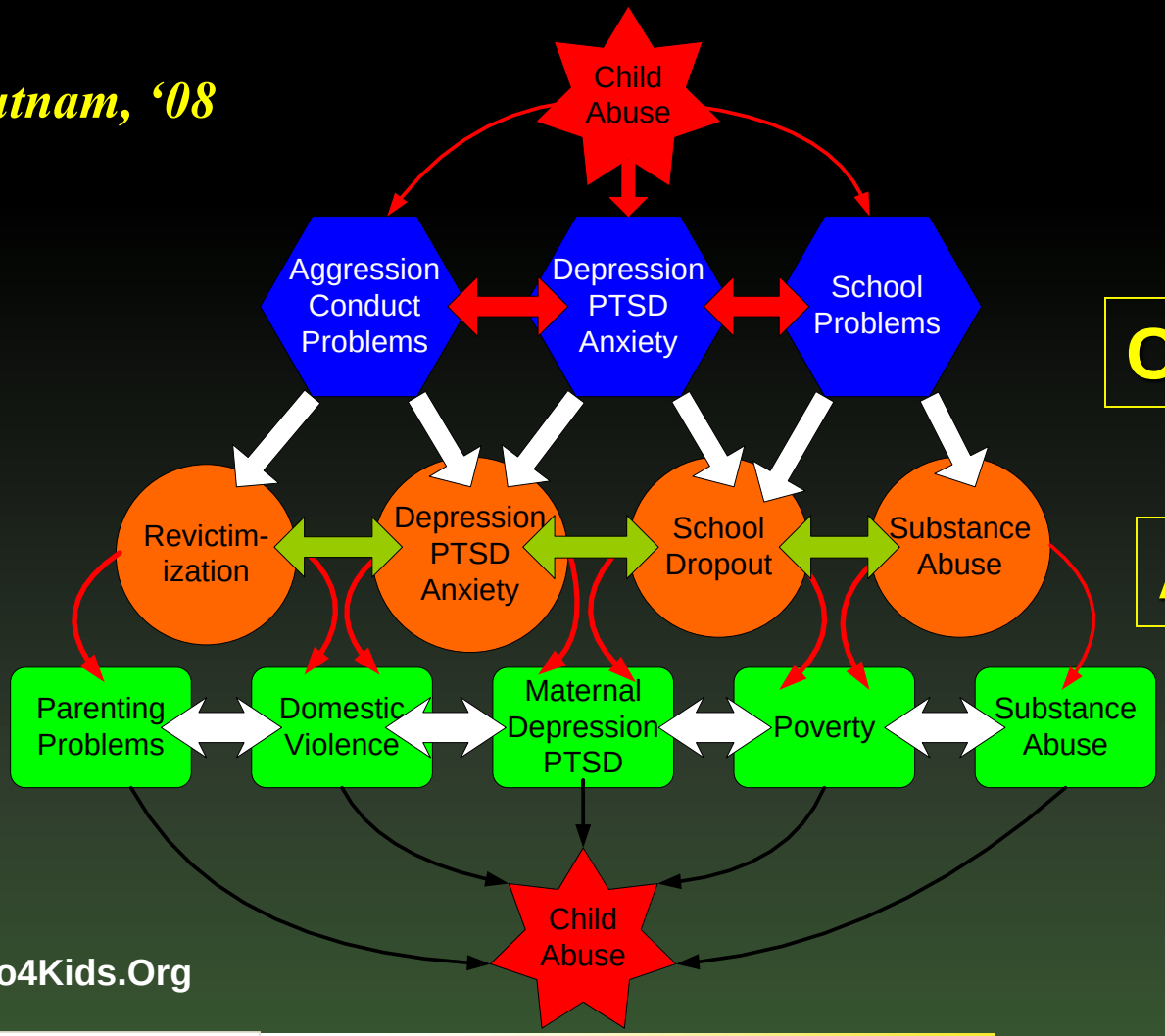


[1]Anda et al., (2004) The Permanente Journal/Winter 8:30-38.

CANarratives.org

Developmental Cascade of Transgenerational Child Maltreatment Risk

-- F. Putnam, '08



Child

Adolescent

Adult

OhioCanDo4Kids.Org

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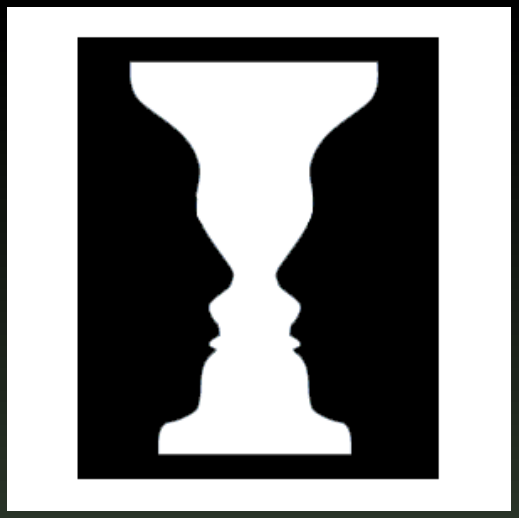
Childhood Trauma and Other Diagnoses

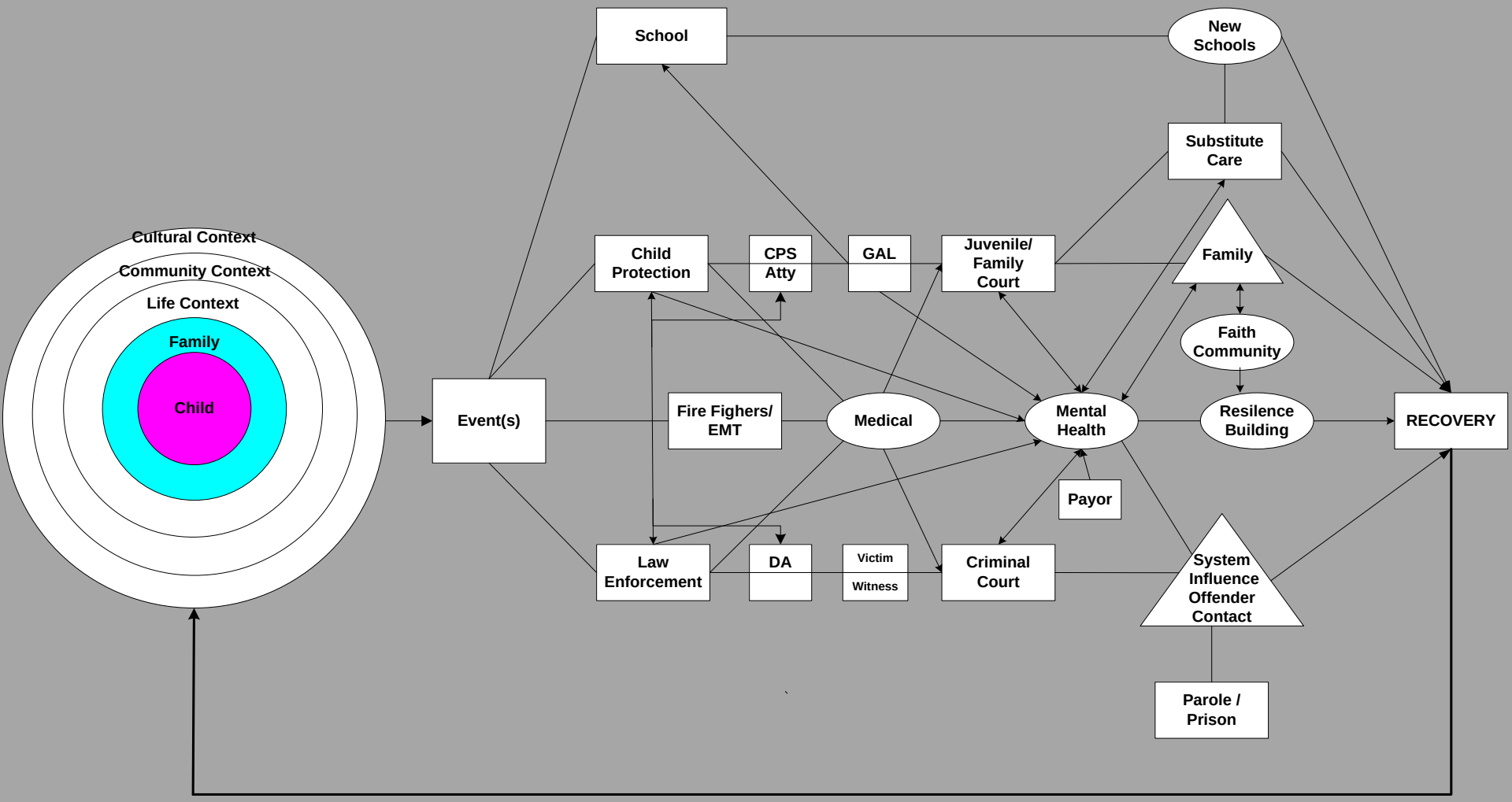
- Other common diagnoses for children in the child welfare system include:
  - Reactive Attachment Disorder
  - Attention Deficit Hyperactivity Disorder
  - Oppositional Defiant Disorder
  - Bipolar Disorder
  - Conduct Disorder



- These diagnoses generally do not capture the full extent of the developmental impact of trauma
- Many children with these diagnoses have a complex trauma history

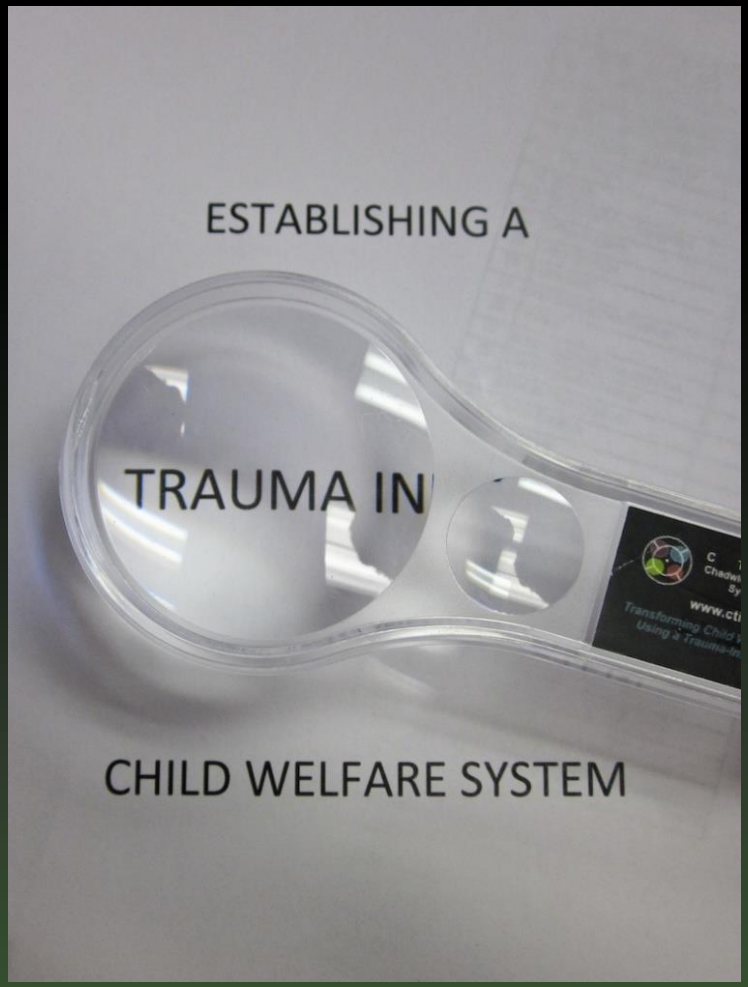
Dr. Gene Griffin, Northwester University

Some Trauma Comes at the Hands of the Good Guys



Experience shapes response to future trauma

Seeing Through a Trauma Lens



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SAMHSA Four Key Assumptions About Trauma Informed Systems

Realizes the widespread impact of trauma and understands potential paths for recovery.

Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.

Responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

Resists ***re-traumatization*** of clients as well as staff.

SAMHSA's Six Principles Trauma-Informed Approach

Safety: Throughout the organization, the staff and the people they serve feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

Trustworthiness and transparency: Organizational operations and decisions are conducted with transparency and with the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

Collaboration and mutuality: There is true partnering and leveling of power differences between staff and clients and among organizational staff, from direct care staff to administrators; they recognize that healing happens in relationships and in the meaningful sharing of power and decision making.

Empowerment: Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills are developed as needed.

Voice and choice: The organization aims to strengthen the experience of choice for clients, family members, and staff and recognizes that every person's experience is unique and requires an individualized approach.

Culture, historical and gender issues: The organization incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; are gender-responsive; and incorporate a focus on historical trauma.

SAMHSA (2014). SAMHSA's Concept of Trauma

Definition of Trauma-Informed Child Welfare System

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

- CTISP National Advisory Committee

Essential Elements of a Trauma-Informed Child Welfare System

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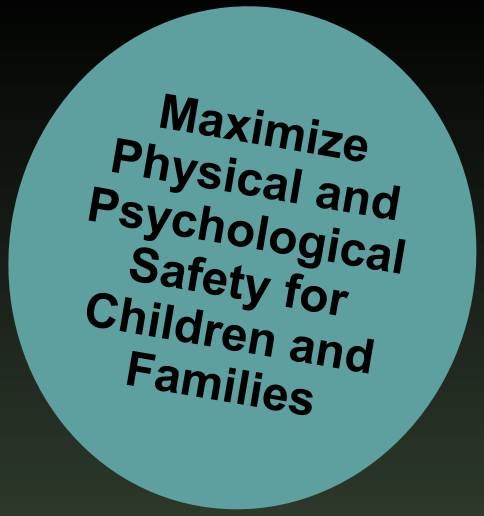
Element #1: Maximize Physical and Psychological Safety for Children and Families

Safety is one of the priorities of the child welfare system – but for a child and family who have experienced trauma, they may still feel unsafe even when they are no longer in a dangerous situation. Given this, in addition to ensuring physical safety, it is important to help children and families feel psychologically safe.



Key Terms in Thinking About Psychological Safety

- Trauma Reminder

"The child's memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious" - National Scientific Council on the Developing Child (2010)

- Trauma Trigger

Element #2: Identify Trauma-Related Needs of Children and Families

Identify Trauma-Related Needs of Children and Families

- One of the first steps in helping trauma-exposed children and families is to understand how they have been impacted by trauma.
- Trauma-related needs can be identified through trauma screening and assessment.
- It is important to consider trauma when making service referrals and service plans.

Screening

All Children and Youth Involved in Child Welfare Services

Screening

Identify Children and Youth with Mental Health and Trauma-Related Needs

Positive Outcomes

- Targeted Referrals to Mental/Behavioral Health Service (In-Depth Assessment and Appropriate Treatment)
- Better Informed Court Reporting and Case Planning
- More Clearly Defined Goals for Team Decision Making (TDM) and Intensive Care Coordination (ICC)

Element #3: Enhance Child Well-Being and Resilience

- Many children are naturally resilient.
- It is important for the child welfare system to recognize and build on children's existing strengths.
- Both individual caseworkers and overall agency policies should support the continuity of children's relationships.
- Child welfare staff and agencies should also ensure that children who have been traumatized have access to **evidence-based trauma treatments**

Enhance Child Well-Being: Resilience

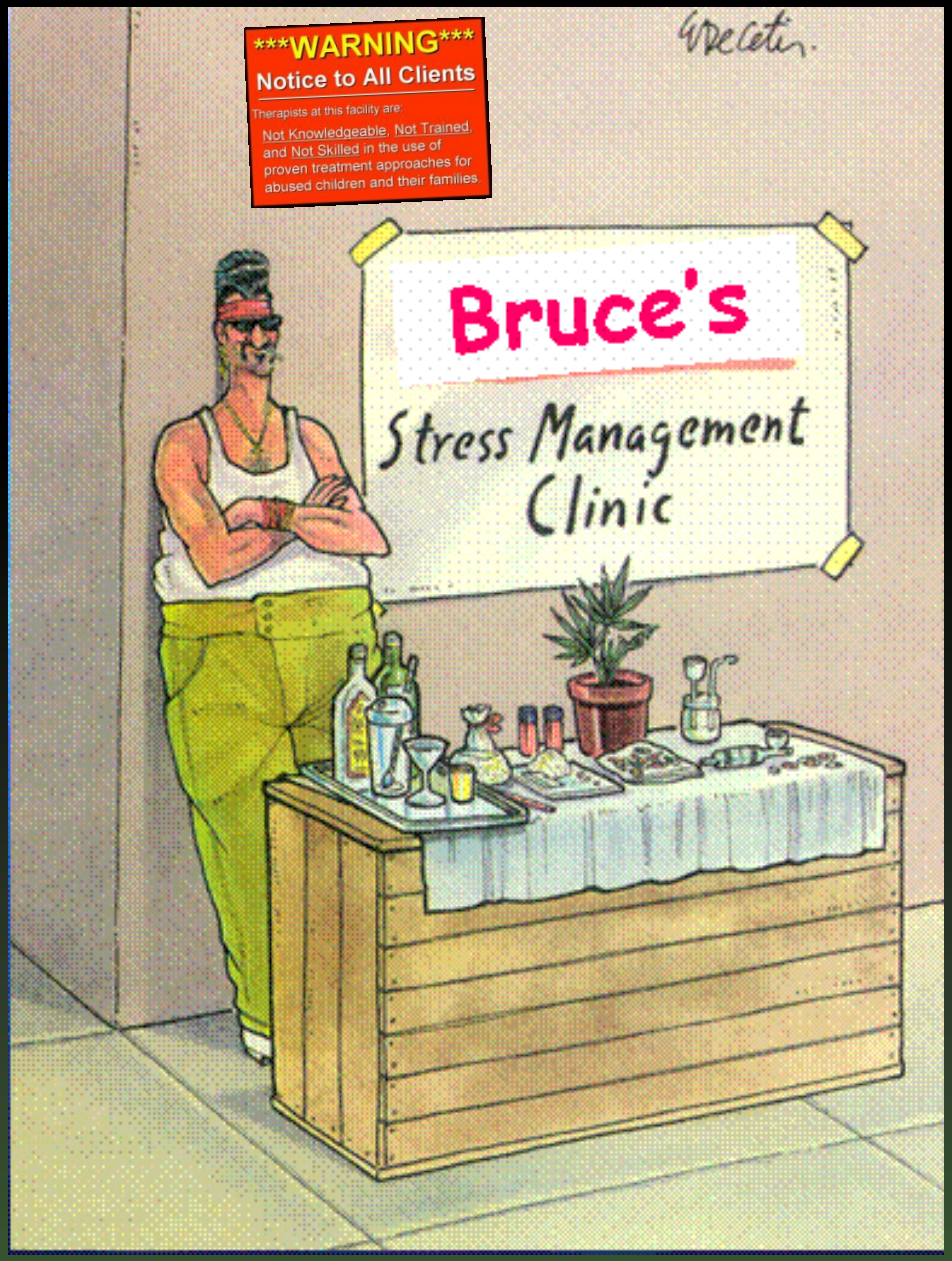
- Resilience is the ability to overcome adversity and thrive in the face of risk
- Neuroplasticity allows for rewiring of neural connections through corrective relationships and experiences
- Children who have experienced trauma can therefore develop resilience

Source: Van der Kolk, B. (2006). Clinical implications of neuroscience research in PTSD. *Annals of the New York Academy of Sciences*, *1071*, 1-17.

Enhance Child Well-Being and Resilience: Treatment and Services

- **Evidence-based, trauma-informed treatments and services**
- Trauma treatments, when indicated, should focus on addressing the impact of the child's trauma and subsequent changes in child's behavior, development, and relationships
- Treatment can also help the child reduce overwhelming emotion related to the trauma, cope with trauma triggers, and make new meaning of his/her trauma history and its impact on his/her current and future life events

The Problem: All sorts of "interventions" are available out there.



Ben Saunders
MUSC

Waiting Room Sign

WARNING

Notice to All Clients

Therapists at this facility are:

Not Knowledgeable, Not Trained, and Not Skilled in the use of proven treatment approaches for abused children and their families.

Ben Saunders
MUSC

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twork

The California Evidence-Based Clearinghouse for Child Welfare
CEBC

- HOME
- SEARCH
- TOPIC AREAS
- RATING SCALES
- ASSESSMENT TOOLS
- IMPLEMENTATION
- RESOURCES
- FAQS
- ABOUT US
- CONTACT
- EMAIL ALERTS

Sitemap | Limitations & Disclosures

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CDSS

Search for a Program: Go

Welcome to the CEBC: California Evidence-Based Clearinghouse for Child Welfare

Information and Resources for Child Welfare Professionals

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides child welfare professionals with easy access to vital information about selected child welfare related programs. The primary task of the CEBC is to inform the child welfare community about the research evidence for programs being used or marketed in California.* The CEBC also lists programs that may be less well-known in California, but were recommended by the Topic Expert for that Topic Area.

- How do You Use the CEBC?
- What's New on the CEBC?
- What is Evidence-Based Practice?
- How are Programs on the CEBC Reviewed?
- How is Culture Related to Evidence-Based Practice?
- Sign-up to get Email Alerts!

* Please note that the CEBC was created for informational and educational purposes and as such does not endorse any of the programs listed on the website.

Information presented on the CEBC website is considered public information and may be distributed or copied. When using information obtained from the CEBC, we ask that you please use the following acknowledgment: Material/Image/Information obtained from the California Evidence-Based Clearinghouse for Child Welfare (CEBC) at www.cebc4cw.org.

www.cebc4cw.org

TF-CBT

TF-CBTWeb

A web-based learning course for

TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY

ALLEGHENY GENERAL HOSPITAL
Center for Traumatic Stress In Children and Adolescents

Ben Saunders

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Element #4: Enhance Family Well-Being and Resilience

Enhance Family Well-Being and Resilience

- Families are a critical part of both protecting children from harm and enhancing their natural resilience
- Providing trauma-informed education and services to parents and other caregivers enhances their protective capacities
- Child welfare agencies should recognize that caregivers themselves may have trauma histories

Element #5 - Enhance the Well-Being and Resilience of Those Working in the System

Enhance the Well-Being and Resilience of Those Working in the System

- While child welfare staff play an important role in supporting children, working with people that have experienced abuse, neglect, violence, and other trauma can cause staff to develop secondary traumatic stress reactions
- Child welfare agencies should collect information about trauma and secondary trauma experienced by staff, implement strategies and practices that build resilience and help staff manage stress, and address the impact of secondary traumatic stress on both individuals and on the system as a whole

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 workload and institutional stress but by exposure to clients' trauma (can be acute or cumulative)
- STS can disrupt child welfare workers' lives, feelings, personal relationships, and overall view of the world

Organizational Leadership Role-Addressing STS

EAP

For Major Events Debrief Group

Critical Incidence Response Immediate Check-In

Ongoing Agency Wide Defusing

Organizational Culture Shift-Accept STS
Routine Training, Performance Reviews, Informal Supports, etc.

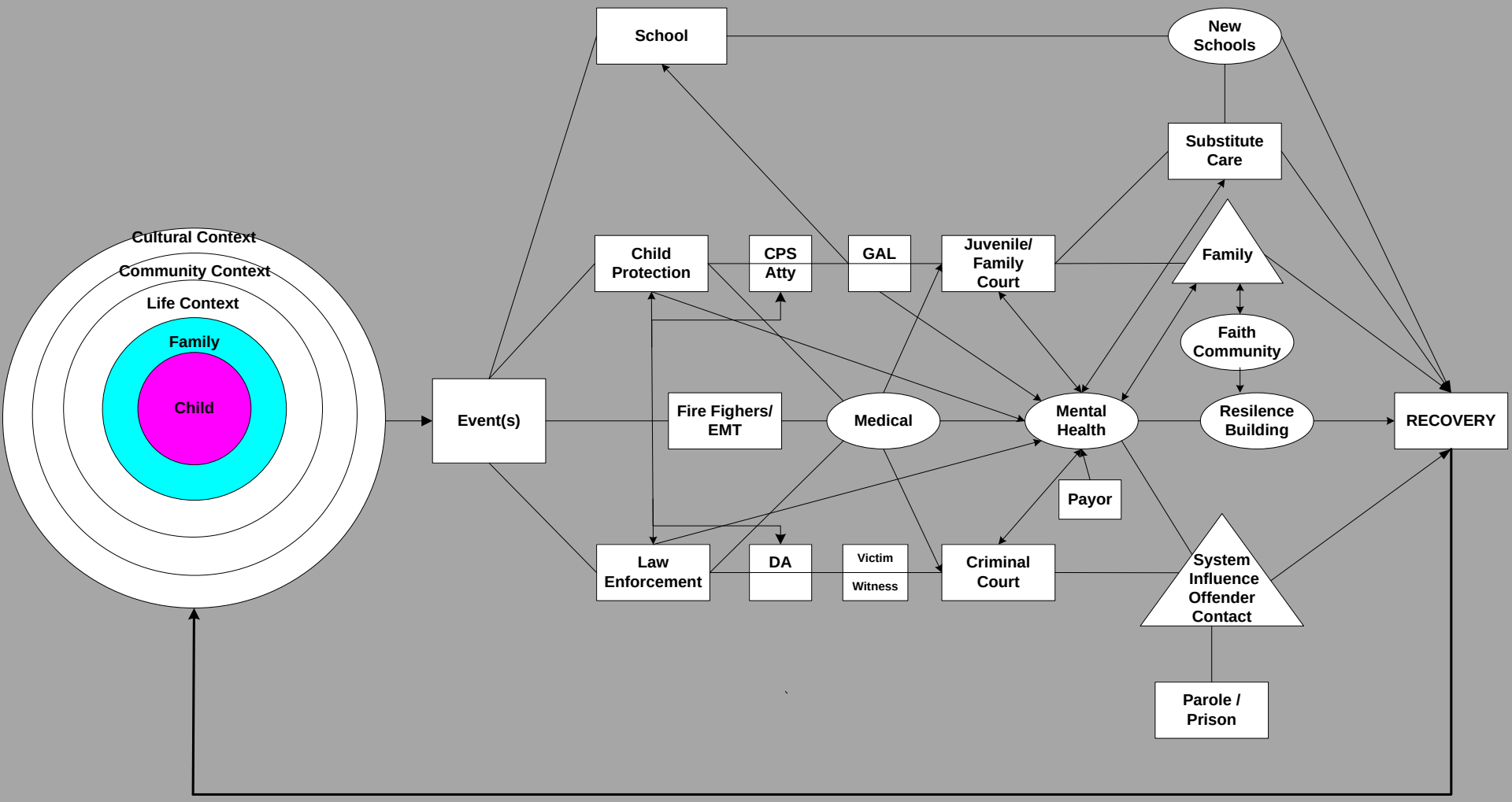
Element #6: Partner with Youth and Families

- Youth and families should be given choices and an active voice in decision-making on an individual, agency, and systemic level
- Youth and family members who have been in the system have a unique perspective and can provide valuable feedback
- Partnerships with youth and families should occur at all levels

Element #7: Partner with Agencies and Systems that Interact with Children and Families

Partner with Agencies and Systems that Interact with Children and Families

- Child welfare agencies need to establish strong partnerships with other child and family-serving systems
- Service providers should develop common protocols and frameworks
- Cross-system collaboration enables all helping professionals to see the child as a whole person, thus preventing potentially competing priorities and messages
- Collaboration between the child welfare and mental health systems promotes cohesive care and better outcomes



Experience shapes response to future trauma

Organizational Culture

"Implicit norms, values, and shared behavioral expectations and assumptions" of an organization

Cooke and Rousseau 1998

Simply put "it is the way things are done around here"

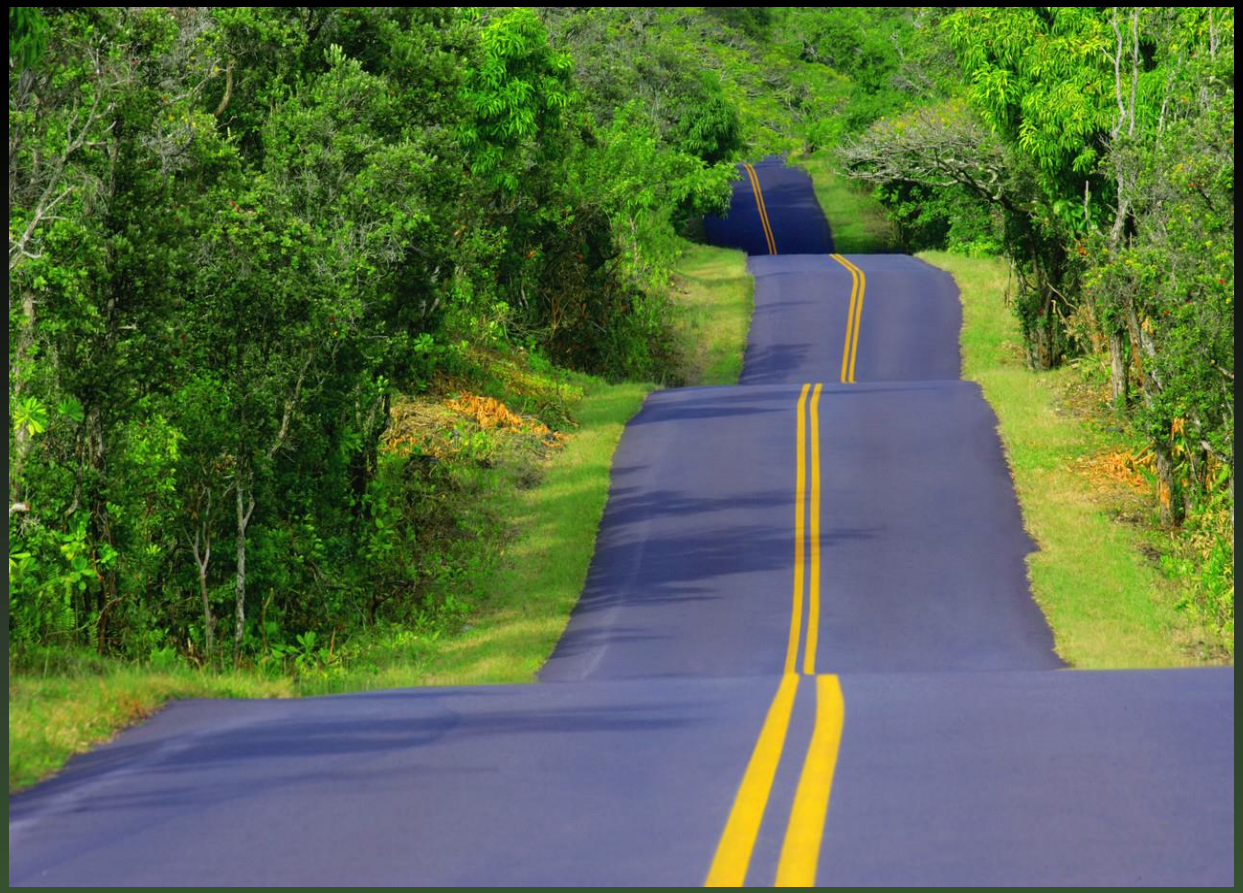
Culture is shaped by host of forces

Culture is changed by Leaders-

Leaders At All Levels

Role of Agencies in Trauma Informed System Change

How do we get there from here?



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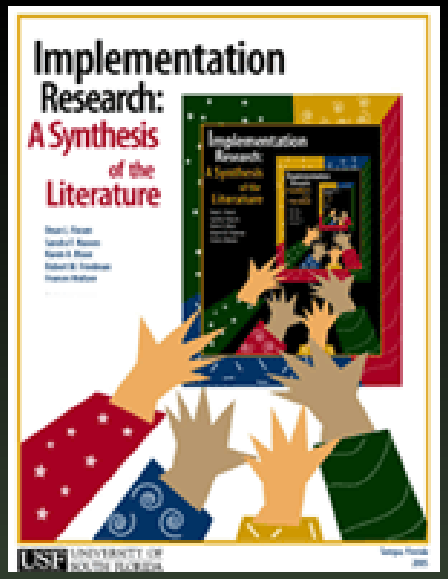
Levels of Implementation

Paper

Process

Performance



Real organic organizational change at the cultural level

Fixsen, D., Naoosm, S., Blasé, K., Friedman, R., Wallace, F. (2005)
http://nirn.fmhi.usf.edu

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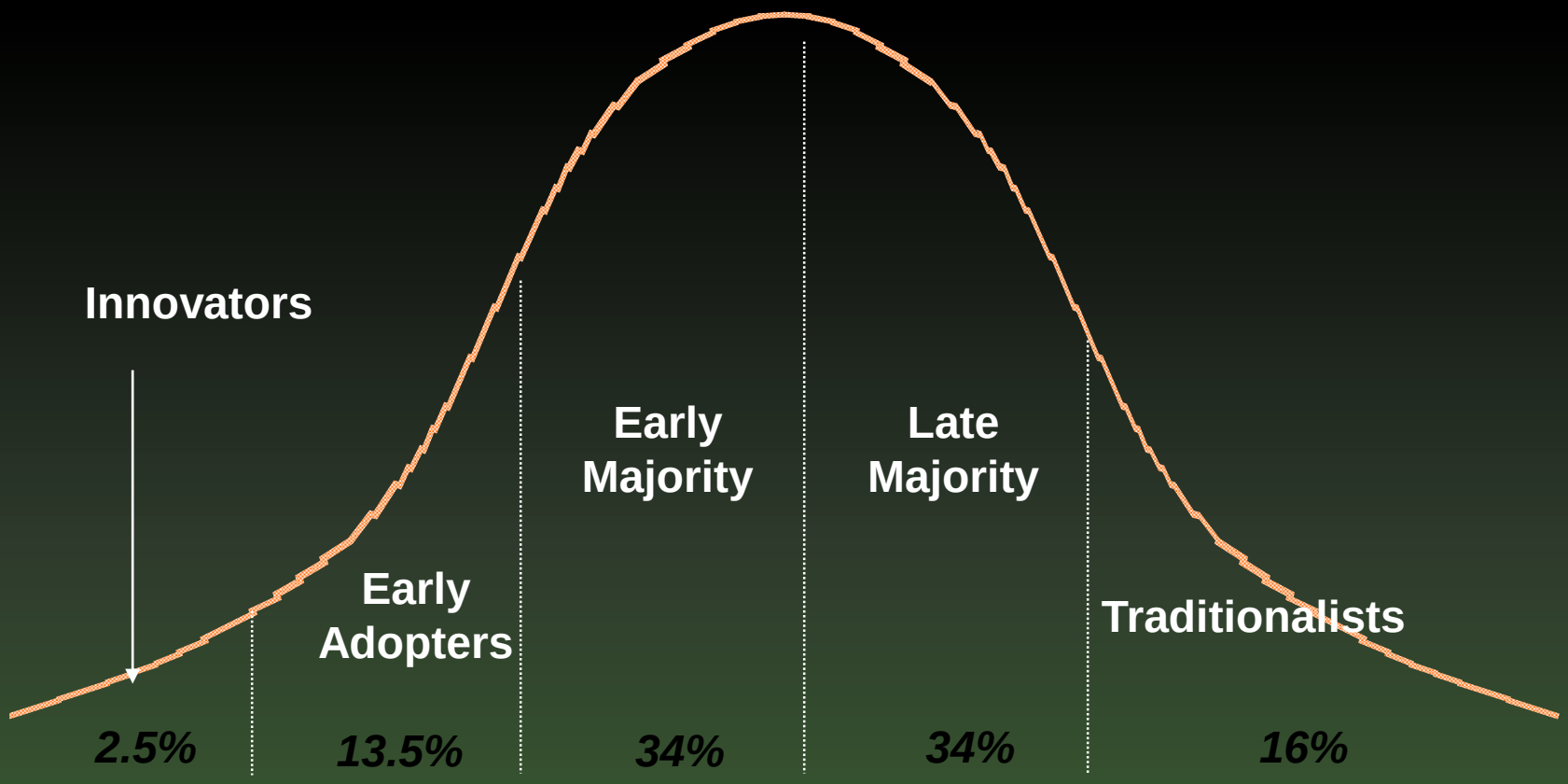
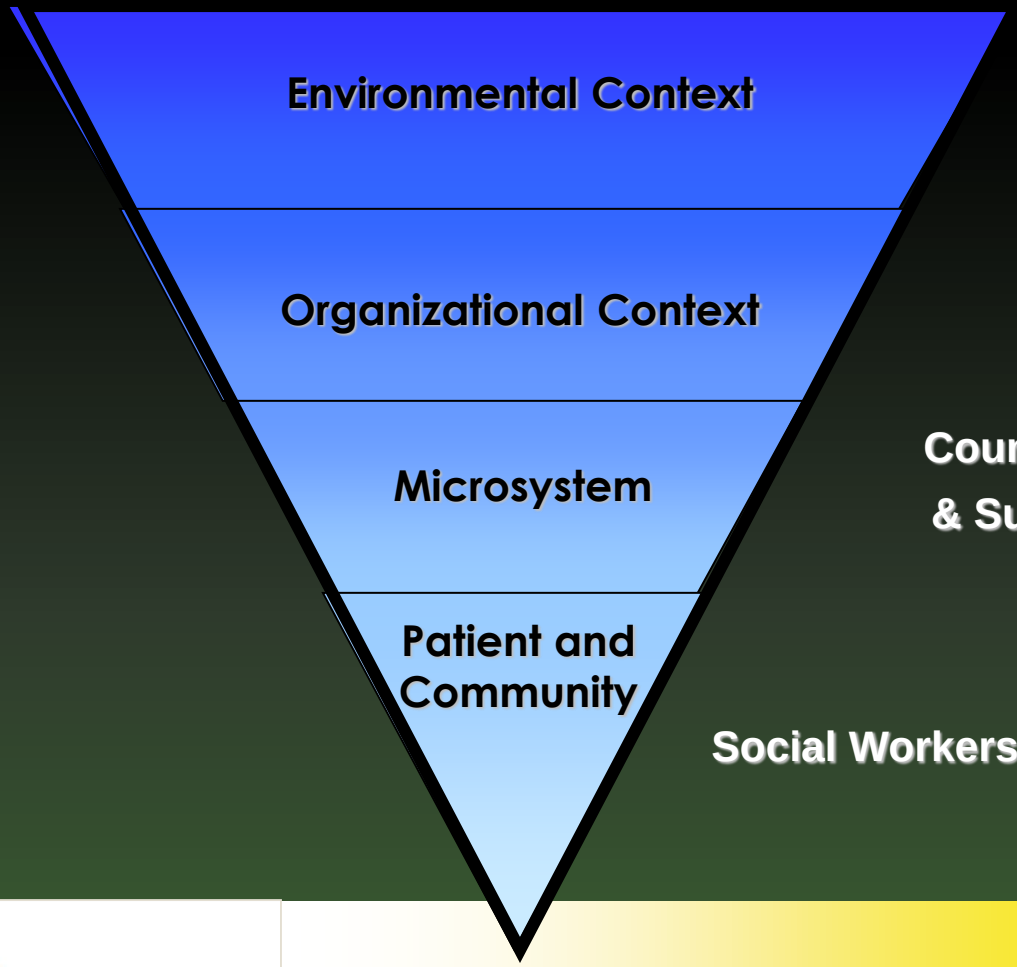
Adoption of Innovation



Institute for Healthcare Improvement Model



Community, Government, Funders

DHS

County Offices & Supervisory Unit

Social Workers and Families

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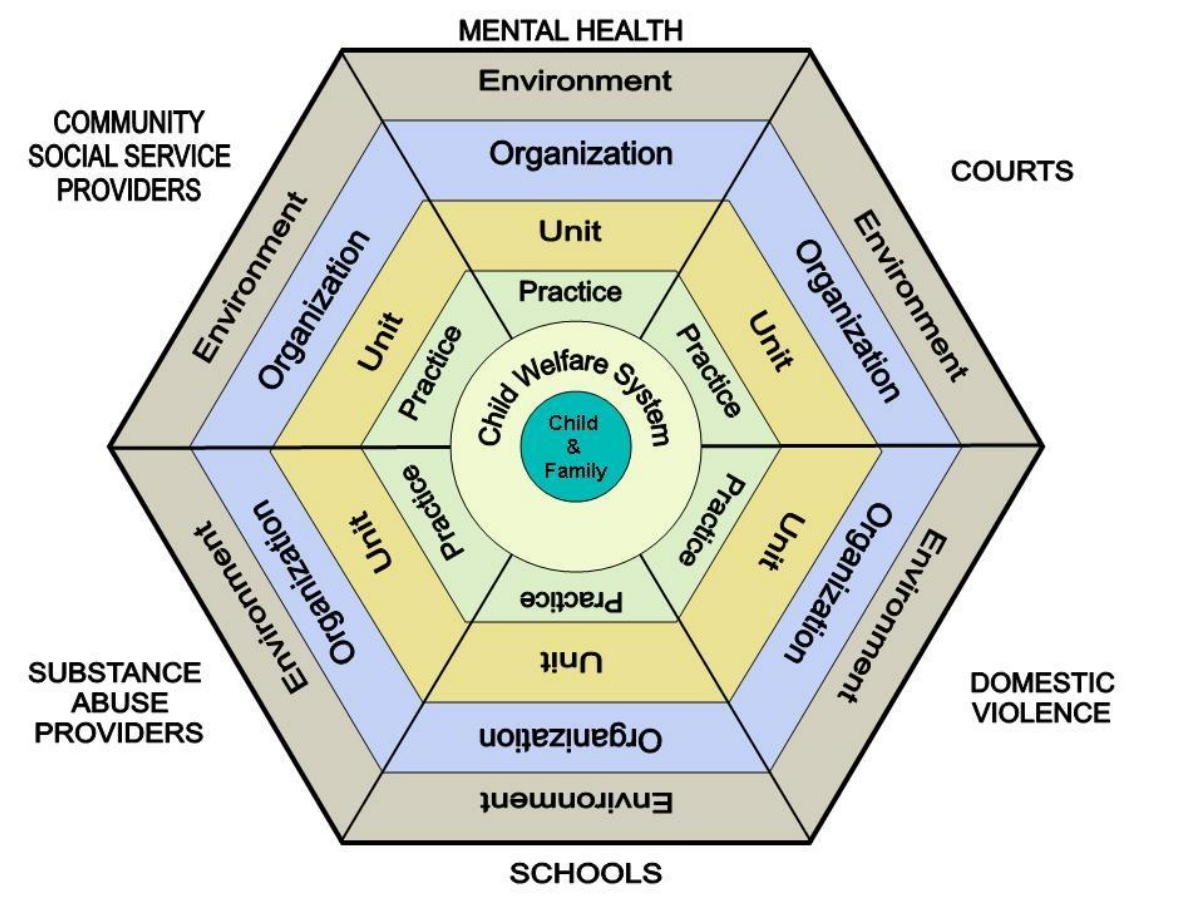
Child Welfare leadership Goes Beyond the Department



Stages of Change-Motivational Interviewing

Precontemplation Stage

Contemplation Stage

Preparation Stage

Action and Sustainment

Implementation Science
EPIS Model

1. Exploration
2. Planning
3. Implementation
4. Sustainment

What Lessons did We Learn from Dancing Guy and Those Who Followed?

What Transforms Crazy Dancing Guy into a leader is the number of those who follow?

- Make it simple
- Make it about the follows not the leaders
- Recognize followers follow other followers
- And the responsibility of the Leader is choose well before you start to dance since people may follow

Resources

- Chadwick Trauma-Informed Systems Project - www.ctisp.org
- California Evidence-Based Clearinghouse for Child Welfare - www.cebc4cw.org
- National Child Traumatic Stress Network - www.nctsn.org and http://learn.nctsn.org
- Chadwick Center for Children and Families - www.ChadwickCenter.org
- Child Welfare Trauma Training Toolkit - http://www.nctsn.org/nccts/nav.do?pid=ctr_cwtool
- Caring for Children who Have Experienced Trauma: A Guide for Resource Parents - www.nctsn.org/rpc
- *Journal of Child Welfare* – Special Issue on "Effectively Addressing the Impact of Child Traumatic Stress in Child Welfare." Volume 90, No. 6. Published in 2011
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