Building Trauma-Informed and in Child Welfare and Beyond

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Every System is Perfectly Designed to Get the Results it Gets

Paul Batalden IHI
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 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*
Development of Trauma Informed System Timeline

Pre 2003

Spring of 1984

“You’re supposed to be helping............ but your making it worse!”
Development of Trauma Informed System Timeline

Pre 2003

2003-NCTSN Interest in Systems Change

Today
First, What’s With All the Word Confusion

Even the Experts are Confused as to Which Term is Best

- Post Traumatic Stress Disorder?
- Chronic Stress?
- Toxic Stress?
- ACES?
- Child Traumatic Stress?
- Complex PTSD?
- Acute vs. Chronic Trauma?
- Developmental Trauma Disorder?
- Allostatic Load?

 Courtesy Lisa Amaya Jackson and colleagues 2015
What is Trauma?

First, it is an event or series of events. The second element is defined by the individual experience.
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)

Child Welfare Goals
Why Trauma Frame?

Safety
Permanency
Well-being
With ASFA Child Welfare Focused on Safety and Permanency

Data Source: Adoption and Foster Care Reporting and Analysis System (2002-2010). Children’s Bureau, Administration on Children, Youth, and Families (USDHHS, ACF)

BRYAN SAMUELS-ACF

Percent Change in Foster Care Population, 2007-2010

Source: Adoption and Foster Care Reporting and Analysis System (2002-2010). Children’s Bureau, Administration on Children, Youth, and Families (USDHHS, ACF)
The Overlap of Trauma and Mental Health Symptoms

Trauma and Mental Health Symptoms for Children Entering Care by Age, BOTH Trauma and Mental Health Symptoms, Mental Health Symptoms Only, Trauma Symptoms Only

- 0 - 6 Year Olds:
  - BOTH: 13.12%
  - Trauma: 11.76%
  - Mental Health: 39.18%
  - Only Trauma: 68.02%

- 7 - 12 Year Olds:
  - BOTH: 39.18%
  - Trauma: 13.56%
  - Mental Health: 13.81%
  - Only Trauma: 33.45%

- 13 - 16 Year Olds:
  - BOTH: 54.13%
  - Trauma: 21.92%
  - Mental Health: 6.93%
  - Only Trauma: 17.03%

- 17 + Year Olds:
  - BOTH: 62.00%
  - Trauma: 15.75%
  - Mental Health: 6.00%
  - Only Trauma: 16.25%
Persistence of Problems after Permanence: Reunification


Persistence of Problems after Permanence: Kinship Care

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Overall</th>
<th>No time in kinship care</th>
<th>50% or less time in kinship care, 9 or more placements</th>
<th>50% or less time in kinship care, fewer than 9 placements total</th>
<th>More than 50% of time in kinship care</th>
<th>100% of time in kinship care</th>
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</thead>
<tbody>
<tr>
<td>CIDI DSM diagnosis</td>
<td>46%</td>
<td>46%</td>
<td>48%</td>
<td>46%</td>
<td>45%</td>
<td>50%</td>
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<tr>
<td>Three or more Diagnoses</td>
<td>13%</td>
<td>12%</td>
<td>18%</td>
<td>18%</td>
<td>12%</td>
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<tr>
<td>Major Depression Episode</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>17%</td>
<td>12%</td>
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<tr>
<td>Panic syndrome</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Modified Social Phobia</td>
<td>12%</td>
<td>12%</td>
<td>13%</td>
<td>13%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>PTSD</td>
<td>22%</td>
<td>22%</td>
<td>22%</td>
<td>22%</td>
<td>18%</td>
<td>23%</td>
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</tbody>
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*Average age was 30.5 years old, ranging from 20 to 49.
Difficulties at 2, 4, and 6 years post-adoption from foster care

<table>
<thead>
<tr>
<th></th>
<th>2 Years Post-Adoption</th>
<th>4 Years Post-Adoption</th>
<th>6 Years Post-Adoption</th>
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<tbody>
<tr>
<td>Anxiety/Depression</td>
<td>18</td>
<td>23</td>
<td>28</td>
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<tr>
<td>Oppositional Defiant</td>
<td>15</td>
<td>23</td>
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<tr>
<td>ADHD</td>
<td>22</td>
<td>26</td>
<td>27</td>
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<tr>
<td>Antisocial</td>
<td>41</td>
<td>43</td>
<td>41</td>
</tr>
<tr>
<td>Peer Problems</td>
<td>41</td>
<td>39</td>
<td>34</td>
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<tr>
<td>Total BPI</td>
<td>30</td>
<td>30</td>
<td>34</td>
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</table>

Link Between Traumatic Environment and Behavior

Abnormal Environment
Violence, Abuse, Constant Arousal

Normal Environment
Absence of Violence and Threat

Adaptive Behaviors
Survival, Fight, Flight, Rapid Emotional Change

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

Data: [www.AceStudy.org](http://www.AceStudy.org), [www.nasmhpd.org](http://www.nasmhpd.org)

--- F. Putnam, 2008
Cumulative ACES & Mental Health\textsuperscript{1,2}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{cumulativeACES_mental_health.png}
\caption{Prevalence of mental health disorders by ACES level.}
\end{figure}

\textsuperscript{1}Data from the National Comorbidity Survey-Replication Sample (NCS-R).
\textsuperscript{2}Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.
Cumulative ACES & Chronic Disease

Prevalence %

Ischemic Heart Disease  Stroke  COPD  Diabetes  Sexually Transmitted Disease

ACES: 0  1  2  3  ≥ 4

Cumulative ACES & Impaired Worker Performance

Percent % Reported

<table>
<thead>
<tr>
<th>Topic</th>
<th>ACES 0</th>
<th>ACES 1</th>
<th>ACES 2</th>
<th>ACES 3</th>
<th>ACES ≥ 4</th>
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<tr>
<td>Absenteeism</td>
<td>5</td>
<td>8</td>
<td>12</td>
<td>15</td>
<td>20</td>
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<tr>
<td>Financial Problems</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>Job Problems</td>
<td>8</td>
<td>12</td>
<td>15</td>
<td>20</td>
<td>25</td>
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</tbody>
</table>

Developmental Cascade of Transgenerational Child Maltreatment Risk

-- F. Putnam, ‘08

OhioCanDo4Kids.Org

Rady Children's Chadwick Center for Children & Families

The National Child Traumatic Stress Network
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, Northwestern University
Some Trauma Comes at the Hands of the Good Guys
Experience shapes response to future trauma
Seeing Through a Trauma Lens

ESTABLISHING A TRAUMA IN CHILD WELFARE SYSTEM
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
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
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

- 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

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
***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.
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.

* 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.
TF-CBT

TF-CBTWeb
A web-based learning course for
TRAUMA-FOCUSED
COGNITIVE-BEHAVIORAL THERAPY

Ben Saunders
MUSC

Rady Children's
Chadwick Center for Children & Families

Allegheny General Hospital
Center for Traumatic Stress In Children and Adolescents

NCTSN
The National Child Traumatic Stress Network
Element #4: 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.
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

- 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.

EAP
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

- 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?
Levels of Implementation

Paper

Process

Performance

Real organic organizational change at the cultural level

Adoption of Innovation

Innovators: 2.5%
Early Adopters: 13.5%
Early Majority: 34%
Late Majority: 34%
Traditionalists: 16%
Institute for Healthcare Improvement Model

- Environmental Context
- Organizational Context
- Microsystem
- Patient and Community

- Community, Government, Funders
- DHS
- County Offices & Supervisory Unit
- Social Workers and Families
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](http://www.ctisp.org)
- California Evidence-Based Clearinghouse for Child Welfare - [www.cebc4cw.org](http://www.cebc4cw.org)
- National Child Traumatic Stress Network - [www.nctsn.org](http://www.nctsn.org) and [http://learn.nctsn.org](http://learn.nctsn.org)
- Chadwick Center for Children and Families - [www.ChadwickCenter.org](http://www.ChadwickCenter.org)
- [CW 360](http://www.cehd.umn.edu/ssw/cascw(attributes/PDF/publications/CW360-Ambit_Winter2013.pdf)