Trauma Informed Care: Regional CJI Team Meetings

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Trauma-Informed Care: Why It Matters

Trauma comes in many forms, but all disproportionately affect the child welfare population

- "Singular" episodes of trauma usually have ripples
- Chronic, severe stressors tend to co-occur
  - Adverse Childhood Experiences data: 20% of population have 3 or more
- Disruptions of care

Trauma-Informed Care: Why It Matters

Effects of trauma depend on timing, chronicity, magnitude and prior history

- Age paradox: early trauma often most disruptive to development, and most likely to lead to accumulating stressors
  - E.g., maltreatment rate for children ≤ 3 = 16.5/1K, v. 6.2/1K for adolescents
- Early ages also most amenable to developmental repair

Trauma-Informed Care: Why It Matters

- At later ages, trauma can also derail acquisition of important developmental competencies
  - Middle childhood: executive functions
  - Adolescence: identity development, future orientation

Trauma-Informed Care: Why It Matters

Trauma creates toxic stress:

- Increased cortisol levels, keeping autonomic nervous system hyperstimulated
- In early childhood, disrupts growth of neural connections, producing functional cognitive delays, e.g., higher incidence of speech/language delays in foster care population

Trauma-Informed Care: Why It Matters

Trauma creates toxic stress:

- Linked to disruptions in development/functioning of autoimmune system
- Predisposes chronic health problems, even in the absence of other health risk behaviors
  - E.g., COPD among persons with high ACE scores

Trauma-Informed Care: Why It Matters

Negative consequences cascade:

- Toxic stress affects brain architecture, privileging fight-flight-freeze emotional reactions
- Leads to mental health disorders: PTSD, but also depression, anxiety, disruptive behavior disorders
- Quickly also disrupts school performance

Trauma-Informed Care: Why It Matters

Negative consequences cascade:

- With higher ACE scores, more and earlier smoking, alcohol and drug use
- Greater incidence of violence perpetration
- Juvenile justice involvement [the path from child welfare to juvenile justice leads through mental health]
  - Widom (2001): children who experience abuse and neglect 59% more likely to be arrested as juvenile, 28% more likely to be arrested in adulthood, and 30% more likely to be arrested for violent crime

Trauma-Informed Care: Why It Matters

Negative consequences cascade:

- Earlier pregnancies, more chronic health problems, more adult mental health disorders
- Intergenerational transfer of Adverse Childhood Experiences
  - History of traumatic experiences challenges parents' ability to make judgments about own and child's safety and to appraise danger
  - May disrupt secure and trusting relationships, both with other adults and in availability for attachment

Trauma-Informed Care: What It Is

Core components:

- Practitioner **knowledge** about impact of traumatic events on children, adults and families
- Practitioner use of this knowledge in delivering care **(skills)**
- Agency and system use of knowledge in **training** staff and **implementing interventions**

Trauma-Informed Care: What It is

Moving:

- From “Why did you do this?”
- To “What happened to you?”

- Framework consistent with many innovations in child welfare, e.g., Family Assessment, focus on well-being

Trauma-Informed Care: What It Is

Chadwick Center (Los Angeles) Essential Elements of Trauma-Informed Child Welfare Practice:

1. Maximize the child's sense of safety
   - Physical and psychological safety
   - Concept of triggers

Trauma-Informed Care: What It Is

2. Utilize comprehensive assessment
   - Assess child's traumatic experiences
   - Assess impact on the child's development and behavior
   - Let assessment guide services

3. Assist children in reducing overwhelming emotion

Trauma-Informed Care: What It Is

4. Address any impact of trauma and subsequent changes in
   - Child's behavior
   - Development
   - Relationship

5. Help children make new meaning of their trauma history and current experiences

6. Coordinate services with other agencies

Trauma-Informed Care: What It Is

7. Appropriately apply the right evidence-based treatments

8. Support and promote positive and stable relationships in the life of the child

9. Provide support and guidance to child's family and caregivers

10. Recognize that many of the child's adult caregivers are trauma victims as well (both recent and childhood trauma)

Trauma-Informed Care: What It Is

11. Manage professional and personal stress
    - Vicarious trauma affecting professionals working with traumatized children and families

12. Apply to all aspects of system:
    - Participatory case planning
    - Case management
    - Permanency planning (reunification, adoption, guardianship, independent living)
    - Post-permanency supports

Trauma-Informed Care: How Does It Help?

First, do no harm

- Ubiquity of trauma calls for universal precautions
- Assume children are frightened and having difficulty regulating emotion
- Provide additional comfort and reassurance
- Provide information (and information checks) as frequently as needed

Trauma-Informed Care: How Does It Help?

Stress is mediated – kept from becoming toxic – by social supports

- Vary by age:
  - Young children need support for attachments
  - Older children need frequent connections to assure continuity
  - Youth may need transition figures, e.g. mentors
  - Caregivers need peers

Trauma-Informed Care: How Does It Help?

All systems can and should screen for trauma:

- Screen for both exposure (has anything frightening or dangerous happened to you or your child?) and symptoms (changes in behavior/mood to suggest more anxious or distracted)
- Initial reports may be tip of iceberg
- Multiple opportunities to disclose can normalize traumatic experiences
- Both health and mental health assessments should investigate history and effects of trauma

Trauma-Informed Care: How Does It Help?

Referral for diagnostic/trauma assessment:

- Good treatment begins with thorough assessment, including trauma history
- Premature to order psychotherapy without diagnostic assessment
- Assessment may require collateral information from others
- Assessment often needs to be intergenerational

Trauma-Informed Care: How Does It Help?

Treatment for children: evidence-based practices

- DHS/Ambit Network training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): http://www.cehd.umn.edu/fsos/projects/ambit/impact.asp
- For younger children, Parent-Child Interaction Therapy or other dyadic interventions
- DHS help in identifying local resources (developing statewide networks, training of culturally specific providers)

Trauma-Informed Care: How Does It Help?

Support and education for caregivers:

- Psychoeducation and support needed for both biological and foster families
- Caregivers may need to address own trauma histories
- Caregivers need support to respond appropriately to emotional disregulation of children
- “Compassion fatigue” affects even the best caregivers and professionals

Trauma-Informed Care: How Does It Help?

Appropriate wariness of psychopharmacology

- Emotional disregulation poses challenges for caregivers
- Understanding symptoms emergent from traumatic experience and adaptation, rather than behaviors to be controlled
- Psychiatric consultation newly available to prescribers to support adherence to prescription guidelines and use of psychosocial therapies

Trauma-Informed Care: Practice Tips

- Maximize stability: Anything that can be done in planning to maintain the same placement, school district, primary care provider, case manager, therapist, guardian ad litem and judge will be helpful.

Trauma-Informed Care: Practice Tips

- Explain what is happening in any transition, and expect to answer questions and repeat the information more than once. Ask the child, beginning at young ages, what she/he understands so that misconceptions or gaps in memory can be addressed. At hearings where transitions are discussed, judges should ask about the information and explanation that has been shared with the child.

Trauma-Informed Care: Practice Tips

- Involve families in appropriate ways whenever possible. Well-supported visitation and inclusion in trauma-focused therapy should be included in any plan that does not compromise the child's safety. The court should inquire about visitation with the parent, with siblings who do not live with the child, and with other relatives at every hearing.

Trauma-Informed Care: Practice Tips

- Order mental health screening at the beginning of the child's placement. DHS is in the process of adding trauma items to existing screening instruments so that duplicative screening will not be required to address trauma issues.
- Order full diagnostic assessments with treatment recommendations BEFORE ordering specific therapies.

Trauma-Informed Care: Practice Tips

- Order treatment based on diagnostic assessment recommendations and provider training in evidence-based practices appropriate to the child's needs. The Ambit website referenced above can point you to trained providers in every area of the state.

Trauma-Informed Care: Practice Tips

- Expect outcome data from therapists in each report to the court. Providers who are trained in trauma-focused and other evidence-based practices should be using instruments specific to those practices, but all providers should be able to provide basic symptom and functionality measures (Strengths and Difficulties Questionnaire (SDQ) and Child and Adolescent Service Intensity Instrument (CASII)).

Trauma-Informed Care: Practice Tips

- Consider establishing a trauma subcommittee as part of your CJI team to oversee the implementation of all trauma-informed care recommendations and their integration.

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