

Fostering Trauma-Informed Care in Child Welfare and Behavioral Health Systems

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What is Child Traumatic Stress?



Artwork courtesy of the International Child Art Foundation (www.icaf.org)

What Is Child Trauma?

- Witnessing or experiencing an event that *poses a real or perceived threat*
- The event overwhelms the child's ability to cope

Event vs. Experience

Types of Trauma (Event)

Acute trauma



Types of Trauma (Event/Experience)

Chronic trauma



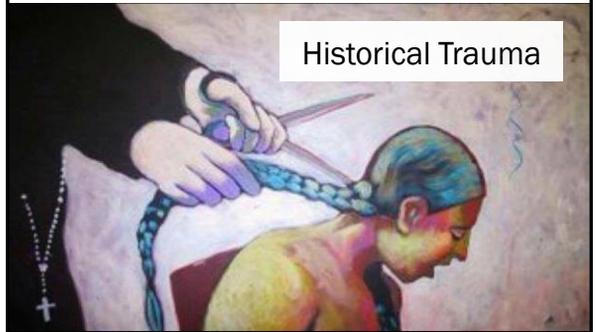
Types of Trauma (Event)

Complex Trauma



Types of Trauma (Event/Experience)

Historical Trauma



Historical Trauma

- Collective and cumulative emotional wounding across generations
- Cumulative exposure to traumatic events that not only affects an individual, but continues to affect subsequent generations
- The trauma is a psychological injury held personally and transmitted over generations

Sources: Brave Heart-Jordan, M. Y. H. (1995). *The return to the sacred path: Healing from historical trauma and historical unresolved grief among the Lakota*. A dissertation based upon an independent investigation. Northampton, MA: Smith College School of Social Work.
Brave Heart, M. Y. H. (2000). *Wakiksyap: Carrying the historical trauma of the Lakota*. *Tulane Studies in Social Welfare*, 21-22, 245-266.

Child Traumatic Grief

- When someone important to the child dies in a sudden or violent manner
- And it is *perceived* as traumatic to the child
- Child's trauma symptoms interfere with his/her ability to grieve



Situations That Can Be Traumatic

(Events)

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., drive by shooting, fight at school, robbery)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism

What Is Child Traumatic Stress?

(Experience)



- 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
- Trauma is experienced as a series of traumatic moments each penetrating deep in the child's psyche

Children Vary in Their Response to Traumatic Events

•The impact of a potentially traumatic event depends on several factors, including:

- The child's genetic makeup
- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces following the trauma
- The response to the events of the child's close caregivers
- The presence/availability of adults who can offer help and protection



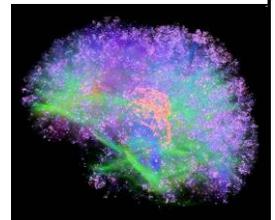
Common Effects of a Traumatic Event

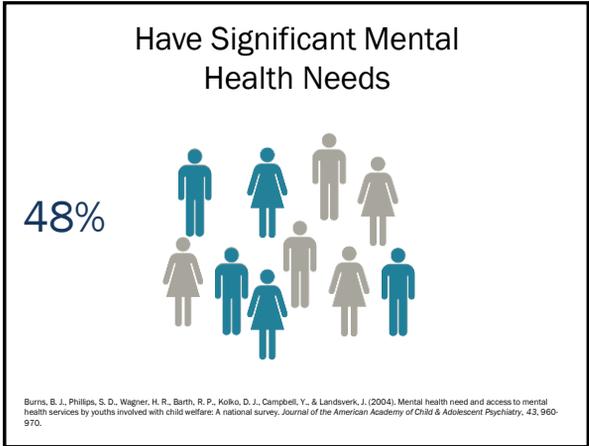
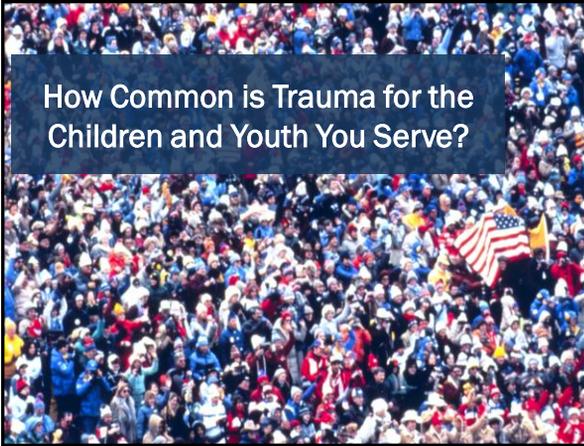
- Intrusive Symptoms
- Negative Thoughts/Mood
- Avoidance
- Arousal/Reactivity



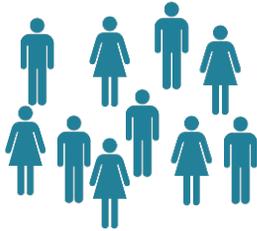
Common Effects of Chronic Trauma

- Mood Regulation
- Behavioral Control
- Cognition
- Self-Concept
- Attachment
- Biology
- Dissociation



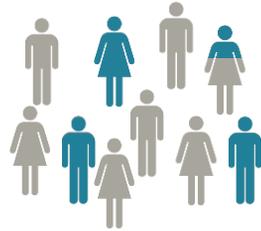


Out of 10 young people receiving Child Welfare Services who have mental health needs...



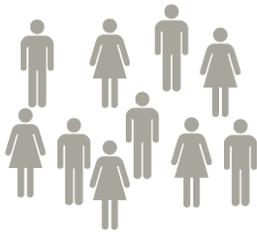
Engaged in Mental Health Services

33%



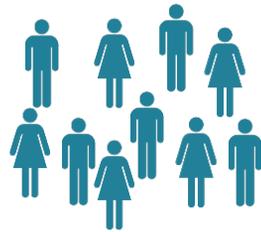
Horwitz, S. M., Hurlburt, M. S., Goldhaber-Fiebert, J. D., Heneghan, A. M., Zhang, J., Rolls-Reutz, J., ... & Stein, R. E. (2012). Mental health services use by children investigated by child welfare agencies. *Pediatrics*, 130, 861-869.

Out of 10 young people receiving Mental Health Services...



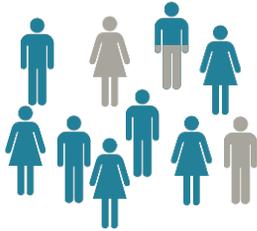
Have Significant Mental Health Needs

100%



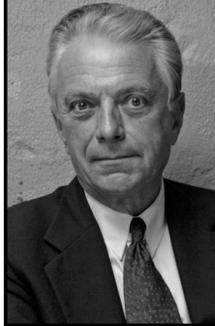
Experience Maltreatment

75%



Miller, E. A., Green, A. E., Fettes, D. L., & Aarons, G. A. (2011). Prevalence of maltreatment among youths in public sectors of care. *Child maltreatment, 16*, 196-204. 1077599511415091.

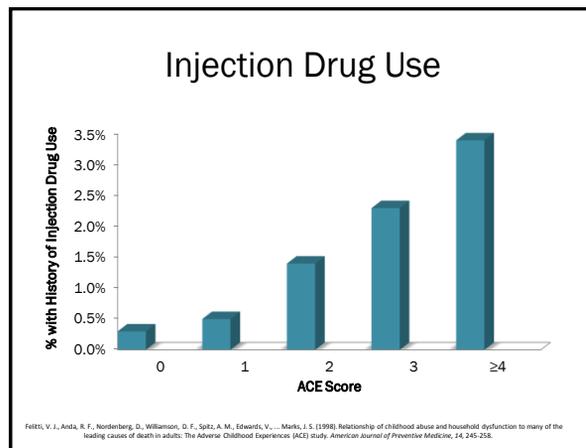
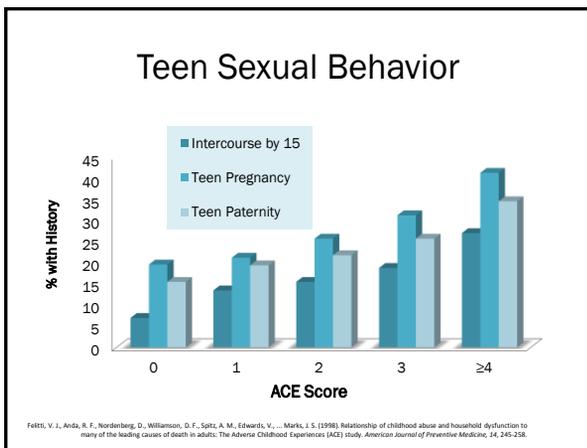
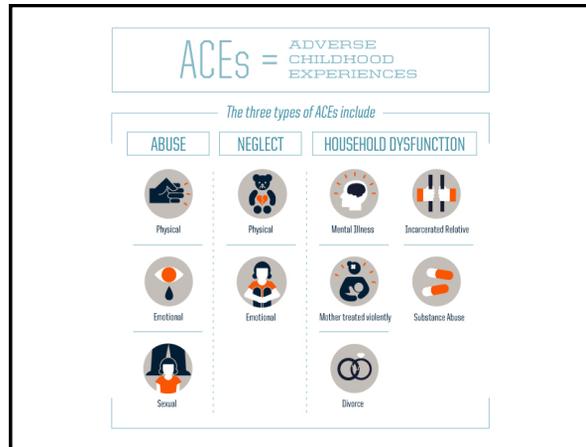
Obesity & Weight Loss Program in San Diego

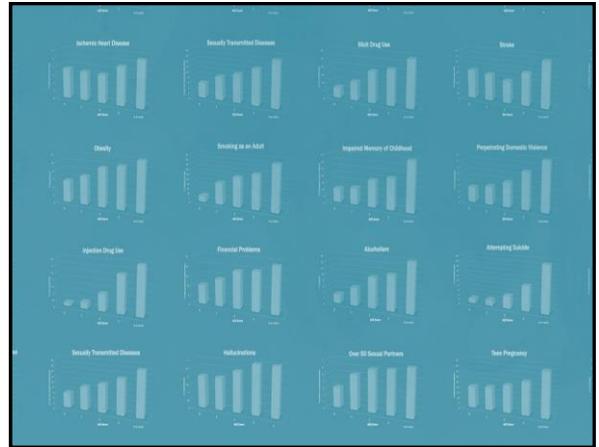
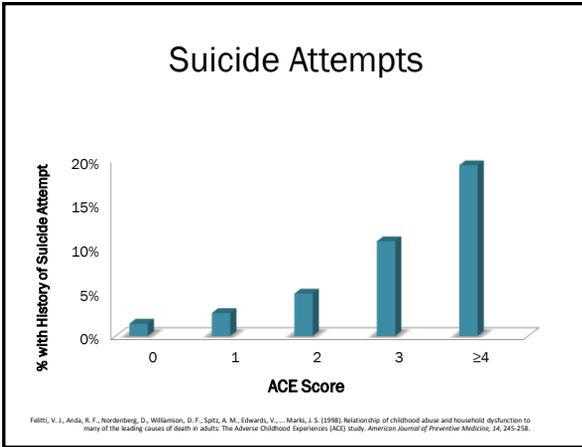


Obesity Conference 1990



Adverse Childhood Experiences (ACE) Study



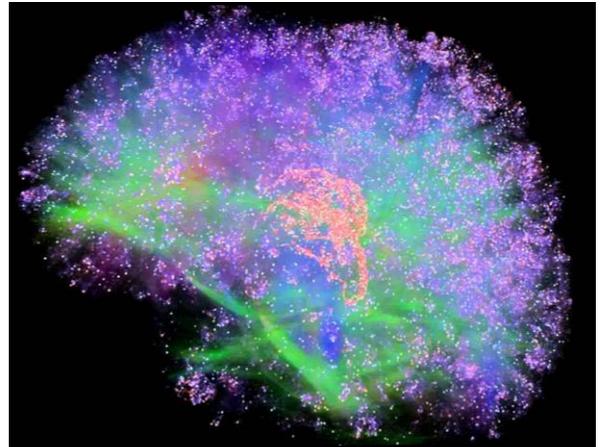
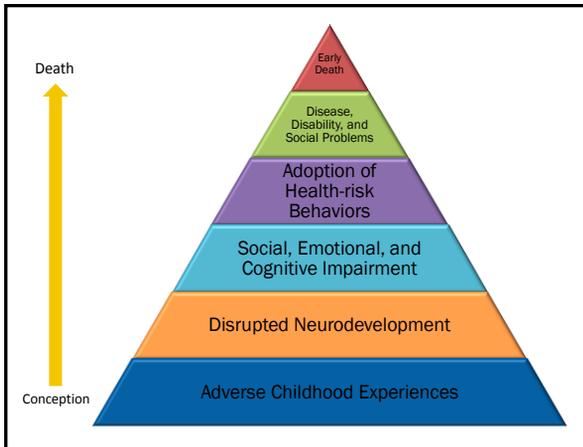


ACEs Increase Risk For...

- Parenting Problems
- Family Violence
- Shortened Life Span
- Unemployment
- Poor Work Performance
- Criminal Behavior
- Chronic Lung Disease
- Homelessness
- Prostitution
- Multiple Sexual Partners
- High Utilization of Health/Social Services
- Sexually Transmitted Diseases
- Chronic obstructive pulmonary disease (COPD)
- Intimate Partner Violence
- Liver Disease
- Suicide Attempts
- Unintended Pregnancies
- Chronic Depression
- Heart Disease
- Intercourse before 15
- Cancer
- Elicit Drug Use
- Hallucinations
- Alcoholism & Alcohol Abuse
- Smoking
- Later Being Raped

Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones



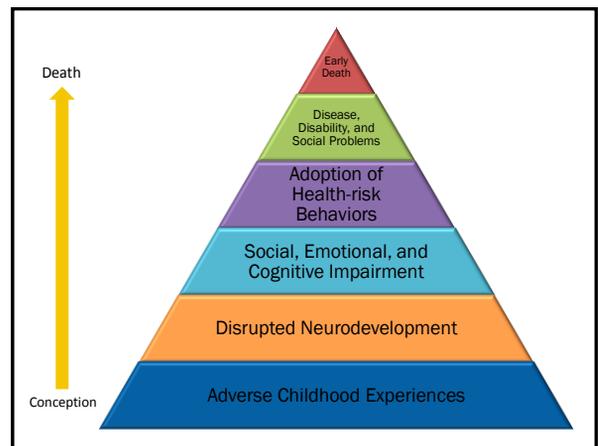
Experience → Brain Development
 Brain Development → Behavior
 Behavior → Experiences

- Constantly influencing brain architecture
 - New, expanded and closed roads





- **Chronic Stress Experiences**
 - sustained, intense stress
- **Constant Fight or Flight**
 - Changes to Brain Architecture
 - Roads become highways
 - No Road Closures
 - Behaviors to Cope
 - Normal responses to abnormal context
 - Effective in short run (substances, sexual, obesity)
 - Maladaptive in the long run (heart disease, HIV, STDs, ↑risk)





Enhance Child Well-Being and Resilience



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.

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

Factors that Enhance Resilience



Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227-238.
National Child Traumatic Stress Network, Juvenile Justice Treatment Subcommittee. (in preparation). *Think trauma: A training for staff in juvenile justice residential settings*. Will be available from <http://www.nctsn.org/resources/topics/juvenile-justice-system>

Protective Factors

Individual characteristics:

- Cognitive ability
- Self-efficacy
- Internal locus of control (*a sense of having control over one's life and destiny*)
- Temperament
- Social skills

Community characteristics:²

- Positive school experiences
- Community resources
- Supportive peers and/or mentors



Family characteristics:¹

- Family cohesion
- Supportive parent-child interaction
- Social support (e.g., extended family support)

Cultural protective factors:

- Strong sense of cultural identity
- Spirituality
- Connection to cultural community
- Protective beliefs and values
- Cultural talents and skills

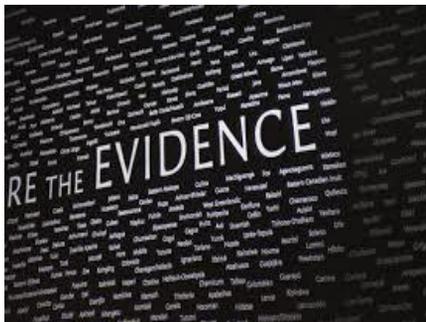
¹ Benzes, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work, 14*, 103-114.
² Koball, H., Dion, R., Gotro, A., Bardos, M., Dworsky, A., Lansing, J., ... Manning, A. E. (2011). *Synthesis of research and resources to support at-risk youth*. Retrieved from Administration for Children and Families Office of Planning, Research, and Evaluation website: http://www.acf-hhs.gov/programs/opre/tya/youth_development/reports/synthesis_youth.pdf

Enhance Child Well-Being and Resilience: Treatment and Services

- One way to enhance resilience is to ensure that children have access to evidence-based, trauma-informed treatments and services.
- Treatment can 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.



Enhance Child Well-Being and Resilience: Trauma-Focused Treatment



Core Components of Trauma-Focused, Evidence-Based Treatment



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

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



Examples of Evidence-Based Treatments

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization Reprocessing (EMDR)
- Child-Parent Psychotherapy (CPP)

There are many different evidence-based trauma-focused treatments. A trauma-informed mental health professional should be able to determine which treatment is most appropriate for a given case.



- User-friendly Information on Evidence-Based Practices
- Scientific Ratings and Relevance to Child Welfare Ratings

www.cebc4cw.org

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Other Promising Practices

- Alternative for Families: A Cognitive Behavioral Therapy
- Child and Family Traumatic Stress Intervention (CFTSI)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT)
- I Feel Better Now! Trauma Intervention Program
- Sanctuary Model
- Play Therapy
- Seeking Safety for Adolescents
- Structured Sensory Intervention for Traumatized Children, Adolescents and Parents, for At-Risk and Adjudicated Youth (SITCAP-ART)
- Trauma-Focused Coping (TFC)
- For more information visit the California Evidence-Based Clearinghouse for Child Welfare <http://www.cebc4cw.org/>



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.

BREAK



Maximizing Physical and Psychological Safety for Children and Families



Psychological Safety



- What is it?
- What does it look like?
- How can you tell if a parent/child feels safe?
- How can you tell if a parent/child feels unsafe?

Where in the System might a child feel physically safe but not psychologically safe?



Safety and Trauma

- Children who have experienced trauma may:
 - Have valid fears about their own safety or the safety of loved ones
 - Have difficulty trusting adults to protect them
 - Be hyperaware of potential threats
 - Have problems controlling their reactions to perceived threats



Grillo, C. A., Lott, D. A., & Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network, (2010). Caring for children who have experienced trauma: A workshop for resource parents – Facilitator's guide. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Retrieved from <http://nctsn.org/products/caring-for-children-who-have-experienced-trauma>

Maximizing Safety: Understanding Children's and Families' Responses



- They exhibit challenging behaviors and reactions
- When we label these behaviors as **"bad"** or **"good"** we forget that their behavior is a reflection of their experience
- Many challenging behaviors are strategies that have helped them survive in the past

Maximizing Safety: Understanding Trauma Reminders/Triggers

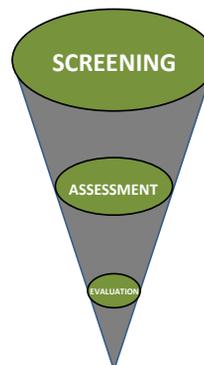


Enhancing Psychological Safety During Transition Points



Identifying Trauma-Related Needs

How are trauma-related
needs identified for kids and
families involved in your
services?



Screening

- Administered to Everyone in Group
- Brief
- Easy to Complete
- Gives 'Yes' or 'No' Information
- Focused on a Specific Topic

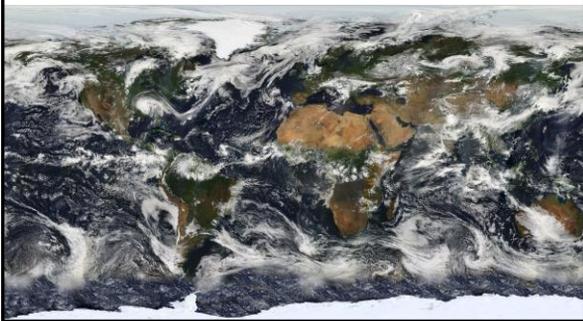
Assessment

- Administered to Targeted People
- In-Depth
- Requires Training
- Gives Unique Client Picture
- Informs Treatment
- Typically Completed Over 1-3 Visits

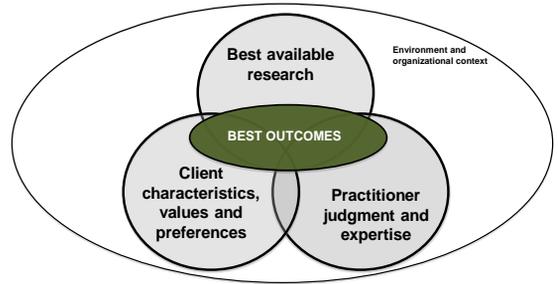
Psychological Evaluation

- Even More In-Depth
- Completed by Psychologists (typically)
- Gives Very Specific Information

SURVEYING AN EVER CHANGING LANDSCAPE



Decision Making



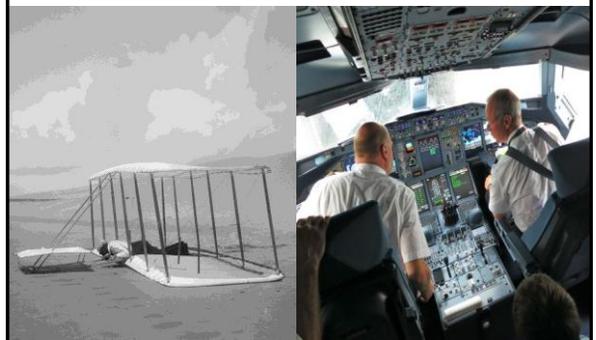
Adapted by the National Council on Crime and Delinquency (2014) from Institute of Medicine, 2001

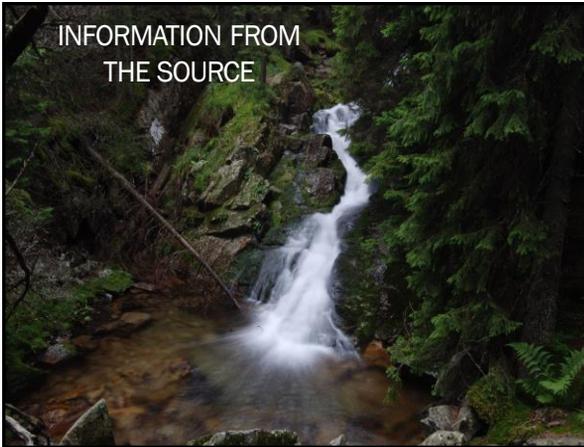
Appropriate Tools



Schoenwald, S. K., Garland, A. F., Chapman, J. E., Frazier, S. L., Sheldov, A. J., & Southern-Gerow, M. A. (2011). Toward the effective and efficient measurement of implementation fidelity. *Administration and Policy in Mental Health and Mental Health Services Research, 38*(1), 32-43.

Building a Better Cockpit





Identifying Trauma-Related Needs

What's under the umbrella?

Post-Traumatic Stress

- Intrusive Thoughts
- Re-experiencing
- Avoidance
- Hyperarousal
- Negative Thoughts/Mood

Problems with

- Behavior, Conduct
- Attention/Hyperactivity
- Relationships (Social)
- Depression, Anxiety
- Anger, Impulsivity
- Somatization

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Effectively & Efficiently Implemented

Schoenwald, S. K., Garland, A. F., Chapman, J. E., Frazer, S. L., Shewell, A. J., & Southern Groves, M. A. (2011). Toward the effective and efficient measurement of implementation fidelity. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 32-43.

SCREENING

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EVALUATION

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- Completed by Psychologists (typically)
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General Mental Health Screening Tools

ASQ:SE-2: Ages and Stages Questionnaire: Social-Emotional

Ages Covered: 1-72 months
 Languages Available: English, Spanish
 Administration Time/# Items: 10-15 minutes/30 items
 Filled Out By: Caregiver
 Cost: \$275 Iro Kit (<http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se-2/>)

PSC-17: Pediatric Symptom Checklist

Ages Covered: 4-18+
 Languages Available: English, Spanish, Chinese, Vietnamese
 Administration Time/# Items: 5 minutes/ 17 items
 Filled Out By: Child/Youth, Caregiver
 Cost: None

SDQ: Strengths and Difficulties Questionnaire

Ages Covered: 2-17+
 Languages Available: English, Spanish, Arabic, Chinese, Farsi, French, German, etc.
 Administration Time/# Items: 5 minutes/25 items
 Filled Out By: Child/Youth, Caregiver
 Cost: None

Trauma Screening Tools

ASC-Kids: Acute Stress Checklist for Children

Ages Covered: 8-17+
 Languages Available: English and Spanish
 Administration Time/# Items: 10 minutes/29 items
 Filled Out By: Child/Youth
 Cost: None

CPSS: Child PTSD Symptom Scale

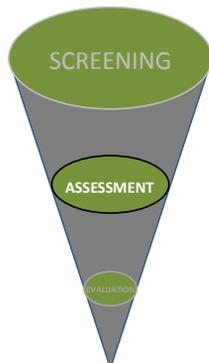
Ages Covered: 8-18+
 Languages Available: English, Spanish, Korean, Russian
 Administration Time/# Items: 10 minutes/17 items
 Filled Out By: Child/Youth
 Cost: None

CRIES-8: Children's Revised Impact of Event Scale

Ages Covered: 8-18+
 Languages Available: English, Spanish, Arabic, Chinese, Farsi, French, German, etc.
 Administration Time/# Items: 5 minutes/8 items
 Filled Out By: Child/Youth
 Cost: None

SCARED Brief Assessment of PTS Symptoms

Ages Covered: 3-18+
 Languages Available: English, Spanish
 Administration Time/# Items: 5 minutes/4 items
 Filled Out By: Child/Youth, Caregiver (supplemental version for case workers and teachers available)
 Cost: None



Screening

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- * Gives "Yes" or "No" Information
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Assessment

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Psychological Evaluation

- * Even More In-Depth
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Assessment Tools: Mental Health Symptoms

- Child Behavior Checklist (CBCL)
- Child Depression Inventory (CDI)
- Conner's Rating Scale (Conners-3)
- Etc., Etc., Etc.

Assessment Tools: Trauma-Specific Symptoms

- UCLA PTSD Reaction Index for DSM-IV
- Trauma Symptom Checklist for Children (TSCC)
- Trauma Symptom Checklist for Young Children (TSCYC)



- User-friendly Information on Evidence-Based Practices
- Scientific Ratings and Relevance to Child Welfare Ratings

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- Knowledge Bank
- Measurement Tool database
- List of promising and evidenced-based practices

www.nctsnet.org

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Identifying Trauma-Related Needs Across Systems

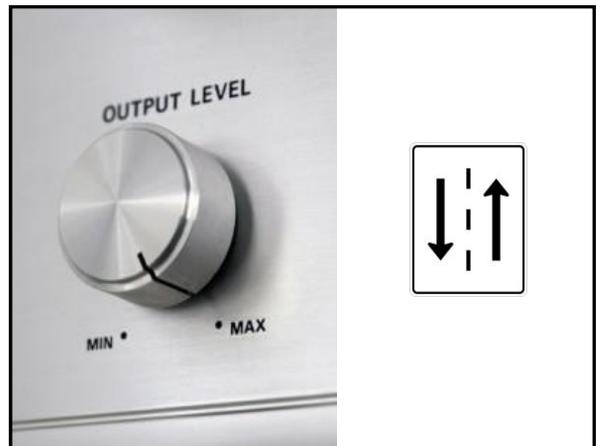


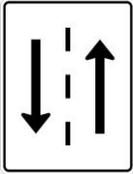


Barriers to Engagement

- Can reside with
 - the family
 - the provider
 - the system in which the provider works
- **Concrete obstacles:** time, competing priorities, transportation, child care
- **Perceptual obstacles:** attitudes about mental health, stigma, negative experiences, parents' own stress and needs
- Which barriers do you think are most important?

Murphy, Pennington, Linn, & McCaslin, 2001; Bannon & McKay, 2000; Kazdin & Wassell, 2002; Owens et al., 2002; Drake, Wilson, & Carrasco, 2002; Harrison, McKay, Bannon, 2004; McKay, McCaslin, Gonzalez, 1996





“Resistance is not a client problem. It is a therapist skill.”

–Bill Miller

...Or social worker, child welfare worker, staff member, intake staff, supervisor, etc.

Trauma-Informed Systems

- Understand Trauma
- Understand the Consumer Survivor
 - Shift from “How do I understand this problem?” to “How do I understand this person?”
- Understand Services
 - Strengths-based
 - Prevention
- Understand the Service Relationship
 - Genuine collaboration

Harris & Fallot, 2001

Partnering with Systems & Trauma
Informed Care

Alphabet Soup



Systems Building Connections for Working Together?



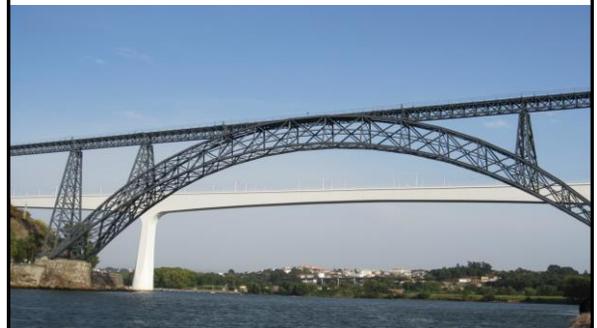
What does Working Across Systems Mean for Traumatized Families?



Where are the gaps?



What experiences do you want traumatized families to have when working with you?



Impact of Working with Victims of Trauma



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

Posttraumatic Growth

Tedeschi, & Calhoun (2004)

Vicarious Posttraumatic Growth

Arnold, Calhoun, Tedeschi, & Cann (2008)

Compassion Satisfaction

Stamm (2002)

Compassion Satisfaction

- Tell me about your successes this month?
- In which ways can you give yourself credit for the successes?
- What did you do or say that helped lead to changes?
- What makes you feel proud or successful in your role?

Questions, Insights, Comments...



Resources

- www.cebc4cw.org - **California Evidence-Based Clearinghouse**, Online evidence-based practice resource designed for child welfare professionals - with support from California Department of Social Services
- www.nctsn.org and <http://learn.nctsn.org> - **National Child Traumatic Stress Network**, includes NCTSN Learning Center for Child and Adolescent Trauma
- www.ChadwickCenter.org - **Chadwick Center**
- Toolkit for Trauma-Sensitive Schools:
<http://www.dpi.wi.gov/sspw/mhtrauma.html>

Contact Information

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