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

Brent Crandal, PhD
Al Killen-Harvey, LCSW
Chadwick Center for Children and Families
Rady Children’s Hospital San Diego

What is Child Traumatic Stress?

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

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


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

- 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?

- 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
How Common is Trauma for the Children and Youth You Serve?

Out of 10 young people receiving Child Welfare Services...

Experience Maltreatment

100%

Have Significant Mental Health Needs

48%

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

Engaged in Mental Health Services

33%

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

Have Significant Mental Health Needs

100%
Experience Maltreatment

75%

Teen Sexual Behavior

- Intercourse by 15
- Teen Pregnancy
- Teen Paternity

Injection Drug Use

- % with History of Injection Drug Use

Suicide Attempts

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>% with History of Suicide Attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>≥4</td>
<td>20%</td>
</tr>
</tbody>
</table>


ACEs Increase Risk For...

- Parenting Problems
- Unemployment
- Chronic Lung Disease
- Multiple Sexual Partners
- High Utilization of Healthy/Social Services
- Chronic obstructive pulmonary disease (COPD)
- Suicide Attempts
- Parental/guardian death before age 12
- Mother was younger than 15 when born
- Father was younger than 15 when born
- Household members smoked
- Household members drank alcohol
- Household members were abused
- Household members were depressed
- Household members were on welfare
- Household members were unmarried

Possible Risk Outcomes:

**Behavior**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Assault

**Physical & Mental Health**
- Heart disease
- Cancer
- Stroke
- Dementia
- Birth defects
Early Death, Disease, Disability, and Social Problems

Adoption of Health-risk Behaviors

Social, Emotional, and Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

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

- 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.


Factors that Enhance Resilience

- Spiritual Belief
- Peer Support
- Competence
- School Connectedness
- Self-Esteem
- Self-Efficacy


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

Family characteristics:
- 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

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
- Psychoeducation 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

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.

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


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

- Best available research
- Client characteristics, values and preferences
- Practitioner judgment and expertise

Adapted by the National Council on Crime and Delinquency (2016) from Institute of Medicine, 2001

BEST OUTCOMES

Environment and organizational context

Appropriate Tools

Building a Better Cockpit

Identifying Trauma-Related Needs

What’s under the umbrella?

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

Post-Traumatic Stress
- Intrusive Thoughts
- Re-experiencing
- Avoidance
- Hyperarousal
- Negative Thoughts/Mood

Effectively & Efficiently Implemented

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

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

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

Psychological Evaluation

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

Assessment

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

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)

NCTSN - The National Child Traumatic Stress Network

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

www.nctsn.org

NCTSN-Logo.png

Identifying Trauma-Related Needs Across Systems

CEBC - The California Evidence-Based Clearinghouse for Child Welfare

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

www.cebc4cw.org

CEBC-Cross.png
Aligning with Children & Families

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?

McKay, Pennington, Lynn, & McCadam, 2001; Bannon & McKay, 2005; Kazdin & Wassell, 2000; Owens et al., 2002; Deane, Wilson, & Ciarrochi, 2000

Confront & Teach

Support & Facilitate

OUTPUT LEVEL

MIN * MAX
“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

Alphabet Soup

Partnering with Systems & Trauma Informed Care
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

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...

Contact Information

Brent Crandal, PhD
bcrandal@rchsd.org
@drcreandal

Al Killen-Harvey, LCSW
akillen-harvey@rchsd.org

Megan Platt
mplatt@rchsd.org

Chadwick Center for Children and Families
Rady Children’s Hospital - San Diego

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.ChadwickCenter.org - Chadwick Center
- Toolkit for Trauma-Sensitive Schools: http://www.dpi.wi.gov/sspvmhtrauma.html