

Creating a Trauma-Informed System of Care



Adapted from National Child Traumatic Stress Network
“Child Welfare Trauma Training Toolkit” 2013

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Objectives

- Understand the concepts of childhood traumatic stress and trauma-informed care
- Be familiar with the reasons for adopting a trauma-informed approach
- Be familiar with the 7 essential elements of a trauma-informed child welfare system

What Is Child Trauma?

- *Child trauma*: a child's witnessing or experiencing an event that poses a real or perceived threat to the life or well-being of the child or someone close to the child
- *Child traumatic stress*: a child's physical and emotional responses to the trauma event

What are some examples of childhood trauma?

Complex

Acute

Chronic

Types of Trauma

Historical trauma

Neglect

Acute traumatic grief

Components of a Trauma-Informed Child and Family Service System

- Routinely screens for trauma exposure and symptoms
- Uses culturally appropriate, evidence-based assessment tools and treatment modalities
- Makes resources available on trauma exposure/impact/treatment
- Works to strengthen resilience and protective factors

Components of a Trauma-Informed Child and Family Service System

- Addresses caregiver trauma and its impact on the family
- Emphasizes continuity of care and collaboration across service systems
- Minimizes, addresses and treats secondary traumatic stress affecting staff
- Increases staff resilience to secondary traumatic stress

Why the concern about trauma-informed care (TIC)?

- Trauma is common in U.S. children
 - >60% exposed to violence/abuse in home or community during past year
 - 10% experienced violence at least 5 times
 - 40% witnessed violence
 - 8% sexual assault
 - 17% physical assault
- Need to identify trauma and mitigate its effects



Elevated Risk For Children In Foster Care

- Adult ‘alumni’:
 - Higher rates of PTSD than U.S. war veterans (21.5% vs 6-15%)
 - Higher rates of depression, social phobia, panic disorder, addiction, eating disorders
- 62% youth in foster care will have both sx’s of emotional disorder and sx’s of trauma by 17 yo.



Impact of Trauma on Children and Families

- Safety
 - Inability to regulate moods, control behavior
 - Difficulty in articulating trauma, trusting others enough to fully disclose
 - Blunted affect confuses investigators
 - Self-destructive behavior



Impact of Trauma on Children and Families

- Permanency
 - Caregivers cannot tolerate child's behavior, leading to failed foster care and multiple placements
 - Reduced empathy for others affects relationships with foster sibs, caregivers and others
 - New caregiver may inadvertently trigger trauma memories

Impact of Trauma on Children and Families

- Well-being
 - Emotional effects
 - Difficulty relating to peers, adults
 - Learning difficulties, poor school performance
 - Sense of hopelessness, lack of self-efficacy
 - High-risk behavior



What factors influence a child's reaction to trauma?

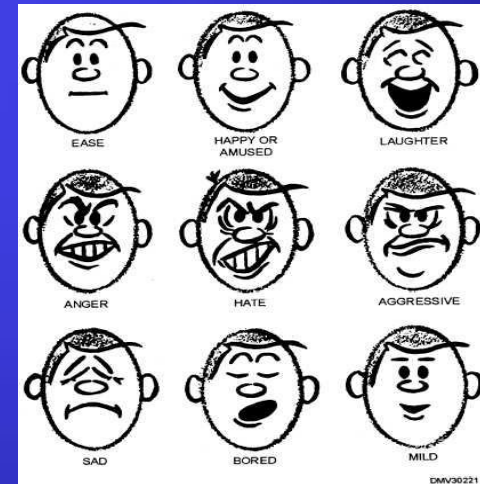
Trauma Reactions Depend On...

- Child's
 - Age, developmental stage
 - Perception about danger of event
 - Victim vs witness status
 - Relationship to victim, perpetrator
 - Prior experiences with trauma
 - Adversities in aftermath of trauma
 - Availability of protective, responsive adults



Symptoms of Traumatic Stress

- Symptoms may not manifest immediately
- Variable period to resolution
- Some children don't show obvious symptoms
- Over control may be as symptomatic as acting out
- Still waters....



Potential Signs of Traumatic Stress

- Physical
 - Nightmares, sleep problems
 - Altered appetite, eating patterns
 - Chronic pain complaints
 - Irritable bowel syndrome
- Emotional
 - PTSD
 - Depression, withdrawal
 - Anxiety/panic
 - Dissociation, numbness



Potential Signs of Traumatic Stress

- Behavioral
 - Regression in developmental milestones
 - Refusal to separate from caregiver
 - Hyperactivity, poor attention
 - Re-creating trauma
 - Abrupt change in behavior or new fears
 - Anxiety about safety of self and others
 - Focus on death and dying



Potential Signs of Traumatic Stress

- Behavioral
 - Hyperarousal
 - Aggression, antisocial behavior
 - Hypervigilance
 - Lack of control of mood, behavior
 - Misinterpretation of others' intentions
 - Distrust of others
 - Difficulty with authority, criticism



What about sexualized behavior?

- Sexualized behavior does not always indicate sexual abuse
- No behavior is diagnostic of prior sexual abuse

Normative Sexual Behavior

- Sexual behavior strongly correlated with age
- Increasingly sexual up to age 5, then drops off
- Sexual behavior is related to
 - Maternal education
 - Maternal attitude about normalcy of sexual behavior in children
 - Reported family sexuality
 - Hours in day care
 - Family violence and total life stress

Normative Behaviors: 2-5 yo

- Stands too close to people
- Touches or tries to touch mom's or other women's breasts
- Touches sex parts when at home
- Tries to look at people when nude or while undressing
- Touches sex parts in public places (boys only)



Sexual Behaviors in Young Children

Less common:

- Rub body against others
- Insert tongue during kiss
- Touch another's genitals
- Crude mimicking of sex act movements

Uncommon:

- Put mouth on genitals
- Ask to engage in specific sex acts
- Imitating intercourse
- Insert object into vagina or anus

Sexual Behaviors in Young Children

- Rarely seen in nonabused children:
 - Sexual behaviors in kids 4 or more years apart
 - Daily occurrence of behaviors
 - Sexual behavior associated with other physically aggressive behavior
 - Sexual behaviors that involve coercion

Conclusions

- Broad range of sexual behaviors in nonabused children
- More intrusive behaviors less frequent, especially after 5 yo
- Sexual behaviors more frequent in abused children

In general....

- Sexual behavior is more concerning if...
 - Occurs in older children
 - Involves coercion or significant power differential
 - Behavior is excessive and child not distractable
 - Involves more intrusive behavior

Kids' reactions to their own reactions

- Think they're going crazy
- Reckless, impulsive, risky behavior
- Self-medicate
- Self-harm
- May have very different view of trauma than you do
- May deny trauma altogether



10 year old boy discovered to be victim of child pornography. Perpetrator confessed to anal penetration and torture of child. Photographs of child corroborated this.

Child continued to deny all allegations.

Beware of the Misdiagnosis!!

- ADHD
- Developmental delay
- Oppositional defiant
- Treating the symptoms without addressing the trauma



How Does Child Welfare System Add to Traumatic Stress?

- Stressful events associated with investigation
- Possible separation from
 - Caregiver
 - Sibs/loved ones
 - Familiar people
 - Familiar surroundings
- Visitation with abusive/neglectful caregiver
- Prolonged instability

Why is foster care difficult for children?

- Multiple placements
- Start with hx of maltreatment
- Young kids
 - Lack strong sense of self
 - Poor concept of time
 - Poor language skills
 - Less time building primary attachment
- Other reasons?



The World According to the Child

- Myself:
 - Unable to influence others, impact environment
 - Worthless, undeserving
 - Unsafe in world, and among other people
- Others:
 - Unreliable, unpredictable, uncaring
 - Insensitive, rejecting
 - Dangerous
 - Unwilling to negotiate, give-and-take



Mental Health Challenges

- 50-85% have emotional, behavioral or developmental problems
- Attachment problems
- Fetal alcohol/drug exposure
- Prior physical injury from abuse



7 Essential Elements of Trauma-Informed Child Welfare System

1. Maximize physical/psychological safety
2. Identify trauma-related needs
3. Enhance child well-being and resilience
4. Enhance family well-being and resilience
5. Enhance staff well-being and resilience
6. Partner with youth and families
7. Partner with other agencies and systems

#1 Maximize Physical and Psychological Safety

- May feel unsafe due to trigger memories, real danger, perceived danger
- Strategies
 - Assess *child's* perception of risk
 - Develop a plan for physical safety
 - Help child feel safe during transition periods
 - Listen to child and reassure

How do you talk to a child about their trauma?

- Timing of forensic interview
- Expressing support is critical
- Reassure child they aren't at fault
- Open-ended questions, not leading ones
- Express feelings not inappropriate behavior
- Explore triggers
- Don't denigrate the caregiver



A word about sexual abuse

- Recantation not unusual
- Initial statement may be incomplete



#1 Maximize Physical and Psychological Safety

- Strategies
 - Reduce exposure to trauma triggers
 - Let child and family know what will happen
 - Give child some control
 - Establish routine
 - Maintain connections between child and important contacts
 - Work with caregivers to respond to emotional outbursts, and to predict and minimize them.

#2 Identify Trauma-Related Needs

- Trauma screen for child and caregiver
- Trauma assessment if needed
- (Not everyone needs treatment)
- Obtain info from other sources
- Interview therapists/agencies to select those best prepared to deliver trauma-focused therapy
- Request periodic updates on child's progress in therapy

#3 Enhance Child Well-Being & Resilience

- Identify child's protective factors
 - Caregiver and social support (at least 1 adult)
 - Community involvement
 - Good relationships with peers
 - Able to regulate emotions
 - Positive self-esteem, self-efficacy
 - Special talents/creativity
 - Religious beliefs
 - Intelligence



Build Resilience

- Encourage family support
 - Maintain connections
- Establish strong relationship with caring adult/mentor
- Facilitate peer support
- Appreciate child's talents/abilities
- Increase self-efficacy, esteem
- Connect with school, community
- Enhance spiritual beliefs



Build Resilience

- Minimize changes in caseworkers
- Give child choice and control in their services
- Empower caregivers to calm, reassure child
- Refer to mentoring programs
- Share child's trauma triggers, experiences with others as appropriate
- Encourage FP to track experiences/insight regarding child's trauma triggers

#4 Enhance Family Well-being and Resilience

- Caregiver support is critical in child's recovery
- Caregivers often have own trauma hx, with
 - Trauma triggers
 - Poorly controlled emotions, behaviors
 - Limited coping skills
- Trauma screening and assessment for caregiver
- Be sensitive to family culture



Build Resilience

- Provide support and training to FP/bioparent
 - Importance of healthy attachment
 - Need to reassure child, help them feel safe
 - Concept of trauma triggers, re-enactment behaviors, etc
 - To encourage child to explore fears, triggers, and to identify emotions



- Teach parents
 - Sensitivity to cues and signals from child
 - To reinterpret conduct problems
 - About social learning approaches
 - Reasonable expectations of change



- Teach parents
 - Increase child's verbalization of his negative working model
 - How to negotiate differences and build partnership
 - Increase positive encounters with child



#5 Enhance Staff Well-being and Resilience

- Secondary traumatic stress
- Concerns about scapegoating by press, job stability
- May have own trauma histories



What are some signs of secondary traumatic stress?

Signs of Secondary Traumatic Stress

- Avoids certain clients
- Pre-occupied with certain children/families and their problems
- Intrusive thoughts
- Hyperarousal/irritability
- Feeling isolated, detached
- Depression, hopelessness



How to Combat Secondary Traumatic Stress

- Supervision by experienced, supportive professional
- Encourage peer support, open discussion of secondary trauma
- Educate staff on effects of trauma
- Set realistic goals/expectations for staff
- Encourage good work/life balance and stress management practices

How do you maintain a good work-life balance? How do you manage stress?

How to Combat Secondary Traumatic Stress

- Utilize resources such as Employee Assistance Programs, community resources
- Refer for assessment and counseling
- Review recruitment and hiring practices
- Ensure safe physical space for staff
- Amend agency policies that exacerbate secondary trauma

#6 Partner With Youth and Families

- Great source of input for service efficacy & improvement
- Empowers families and youth
- Enhances trust in relationships with family
- Promotes youth and family buy-in with services
- Builds youth and family decision-making skills

What are some examples of youth and family partnerships?

Challenges

- Lack of resources
- Confidentiality issues
- Logistics
- Role confusion
- Cultural differences

Some Strategies...

- Clear, honest, respectful communication
- Shared decision-making and planning
- Self-assessment by agency to evaluate youth and family partnership
- Provide training for youth, families so they can partner effectively
- Create incentives to encourage family/youth
- Involve youth/family in giving trainings

#7 Partner With Agencies/Systems That Work With Children/Families

- Each agency has own culture, goals, policies, etc
- Collaboration may entail
 - Shared protocols
 - Shared framework for documenting trauma hx
 - Shared database
 - Easy information exchange
 - Coordinated screenings/assessments/interviews
 - Cooperation when planning/delivering services

Sure, but it's not so easy....

- Confidentiality issues
- Prior distant or bad relationships between agencies
- Varied complexity, culture, goals, perspectives of agencies
- Lack of resources and time

Strategies for Collaboration

- Cross-training on trauma
- Jointly developed protocols re: addressing trauma and building resiliency
- Multidisciplinary teams to review cases
- Family team meetings that include variety of professionals
- Co-location of agency staff
- Cross-system assessment tools

Strategies for Collaboration

- Develop shared goals and outcomes
- Integrate information systems
- Ensure all parties have information regarding trauma history and impact (with appropriate confidentiality)
- Ensure continuous care coordination with periodic communication with therapists, other providers
- Sign interagency MOUs

Conclusions

- Trauma-informed care has widespread implications for staff, children, families and other agencies
- Can improve child/family outcomes
- Can increase staff job satisfaction
- Requires infusing knowledge of trauma and its impact into activities at all levels of system.

