Continuum of Care Reform Technical Assistance

Understanding Trauma-Informed Care Webinar Series 2017

Part 1 - Why Trauma Informed Care?
TRAUMA INFORMED CARE IN THE CHILD WELFARE SYSTEM

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Kristin Dempsey
Kdempsey@cibhs.org
POLL – TODAY’S AUDIENCE

• Please tell us where you work:
  • State/County child welfare
  • State/County behavioral/mental health
  • Contract agency/CBO providing services
  • Probation
  • Other
KRISTIN DEMPSEY, LMFT, LPCC

• Kristin has over 20 years of clinical experience providing therapy for adults, children, youth, and families. She has participated in the Neurosequential Model of Therapeutics (NMT) training with Dr. Bruce Perry at the Child Trauma Academy and has helped develop trauma-informed behavioral health systems of care. She is also trained in Eye-Movement Desensitization and Reprocessing (EMDR).

• Kristin is currently completing research on supported education models to support foster youth college completion.

• In addition to her interest in trauma treatment, Kristin leads training in Motivational Interviewing, Applied Suicide Intervention Skills, and treatment of co-occurring disorders.
POLL - TRAUMA INFORMED CARE

Which is TRUE? (Pick the BEST answer)

a. Involves everyone in a system of care
b. Is often hard to provide because of expense
c. Requires specialized training
d. Is for people who have been the most impacted by trauma in our communities
What Is Trauma?
According to SAMHSA’s Trauma and Justice Strategic Initiative, “trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being” (SAMHSA, 2012, p. 2).
WHAT IS TRAUMA?

- The word “trauma” is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless.

“Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.”

— Judith Herman, Trauma and Recovery

http://www.nonviolenceandsocialjustice.org/FAQs/What-is-Trauma/41/
SOME COMMON SIGNS OF TRAUMA

Flashbacks or frequent nightmares
• Being very sensitive to noise or to being touched
• Always expecting something bad to happen
• Not remembering periods of your life
• Feeling numb
• Finding yourself in situations where others abuse or take advantage of you
• Lack of concentration, irritability, sleep problems
• Excessive watchfulness, anxiety, anger, shame, or sadness

WHY SHOULD WE CARE ABOUT TRAUMA?

- 60% of adults report experiencing abuse or other difficult family circumstances during childhood.
- 26% of children in the United States will witness or experience a traumatic event before they turn four.

National Center for Mental Health Promotion and Youth Violence Prevention, "Childhood Trauma and Its Effect on Healthy Development," July 2012

(http://sshs.promoteprevent.org/sites/default/files/trauma_brief_in_final.pdf)
FIRST THINGS FIRST…

Trauma informed care is concerned with

*What Happened to you….*

Not with

*What is Wrong with You*

Sandra Bloom, Sanctuary Model

Number and Rate of Child Maltreatment Cases/Victims, 1990-2014


Available at: http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can
Child Maltreatment Rate (Unique Victims per 1,000 Population), by Race\(^1\) and Hispanic Origin, 2014

- Non-Hispanic White only: 8.4
- Non-Hispanic Black only: 15.3
- Hispanic: 8.8
- Non-Hispanic American Indian/Alaskan Native only: 13.4
- Non-Hispanic Asian only: 1.7
- Non-Hispanic Pacific Islander only: 8.6
- Multiple Race: 10.6

\(^1\)Estimates for specific race groups have been revised to reflect the new OMB race definitions, and include only those who are identified with a single race. Hispanics may be of any race.

CONFIRMED RATES OF CHILD MALTREATMENT ARE UNDERSTATED

- Annual reports of maltreatment understate the cumulative number of children maltreated during childhood.
  - 1 in 8 children maltreated by age 18
  - 1 in 100 children whose maltreatment is confirmed annually
  - African American children, the total prevalence is 1 in 5
  - Native American children is 1 in 7
  - more than 40% of children ever experience maltreatment, indicating that the cumulative prevalence of self-reported maltreatment is roughly 3 times the cumulative prevalence of confirmed maltreatment.

When working with behavioral health issues, **we need to consider trauma**

*As an *EXPECTATION* not as an *EXCEPTION*

This means that we need to be aware and open to how trauma shows up

(Adapted from Minkoff and Cline, 2002)
TRAUMA CAN RESULT FROM A WIDE VARIETY OF EVENTS:

- Emotional, physical, or sexual abuse in childhood
- Abandonment or neglect (especially for small children)
- Sexual assault
- Domestic violence
- Experiencing or witnessing violent crime
- Institutional abuse
- Cultural dislocation or sudden loss
- Terrorism, war
- Historical violence against a specific group (as in slavery or genocide)
- Natural disasters
- Grief
- Chronic stressors like racism and poverty
- Accidents
- Medical procedures
- Any situation where one person misuses power over another

POP QUIZ

In regard to trauma, A.C.E. refers to…

a. Someone who has worked through their trauma
b. Stands for Adverse Childhood Experiences
c. What you want to get at the blackjack table if you have a king
d. Someone who is really good at getting people to talk about their trauma.
HOW DO ACES IMPACT OUR YOUTH?

Dr. Nadine Burke Harris - TED Talk
While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often … Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household often … Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?

4. Did you often feel that … No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other?
While you were growing up, during your first 18 years of life:

5. Did you often feel that … You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents ever separated or divorced

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
THE ACE QUESTIONNAIRE
WWW.ACESTUDY.ORG

While you were growing up, during your first 18 years of life:

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

10. Did a household member go to prison?

Now add up your “Yes” answers: ________ This is your ACE Score.
(One point per “Yes” answer)
POLL

- My ace score is…
- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
BRAIN DEVELOPMENT AND TRAUMA
Which is UNTRUE?

a. Early trauma can leave a lasting imprint on the developing brain.

b. The younger a child is, the more vulnerable their brain is to the effects of trauma.

c. Older children are more vulnerable because they are more aware.

d. Family violence is especially traumatic for children because someone they are close to is being hurt or hurting them.
The human brain is organized from the bottom up, with the most simple functions and concentration of neurons at the base (brainstem), to the most complex at the top (cortex).

TRAUMA IMPACTS ON THE BRAIN

• Trauma disrupts the normal brain development from the bottom up
• Which makes top-down regulation challenging
  (Mackinnon, 2013)
HOW WE EXPERIENCE THE TRAUMATIZED BRAIN

• We know children are bright and capable but behavior is confounding.

• When we consider the impact of trauma, defiance, indifference, unresponsiveness start to make more sense:
  • Dissociation
  • Anxiety
  • Arousal
HOW TO ADDRESS

Recognition of trauma
Consider function of the behavior given a child’s history
What might he or she need?
  Self-regulation – soothing
  Sensory integration
  Relationship development – attachment
  Cognitive skills – behavioral practice, cognitive reframing.
RESOURCES

• Treatment Improvement Protocol (TIP) 57. Trauma-Informed Care in Behavioral Health Services. SAMHSA, 2014. [http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf](http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf)


RESOURCES

• Resources on Adverse Childhood Experiences (ACES)
• The ACES study website: www.acestudy.org
• Articles on how the Aces study has been used and other useful resources: www.acestoohigh.org
• Very comprehensive ACEs website:
• www.acesconnection.org
QUESTIONS
UNDERSTANDING TRAUMA-INFORMED CARE
WEBINAR SERIES 2017

• Part 2: Interventions for Child Welfare
  Thursday, June 15, 2017
  12:00 pm – 1:30 pm (PDT)

• Part 3: Trauma and Specific Issues for Child Welfare and Building Strengths
  Thursday, June 29, 2017
  12:00 pm – 1:30 pm (PDT)
Thank You!

For more information and resources visit: http://www.cibhs.org/continuum-care-reform-ccr

For questions or comments: ccr@cibhs.org