



TRAUMA INFORMED SERVICES

AN OVERVIEW OF THE IMPACT OF TRAUMA ON CHILDREN

Allison Sampson, PhD, LCSW, LICSW, CSOTP

What's all the “trauma” buzz about ...

- Over the last 10 -20 years there has been an explosion of information provided to us about the relevance and impact of trauma on the brain, on relationships, and on our development ...
- This explosion has resulted from new abilities to see the brain in ways that we are better connecting life experiences and over all well being (Physical and Mental Health)

IS IT JUST ABOUT CHILDREN
THOUGH ... OR IS IT ABOUT
ALL OF US ?????

Adverse Childhood Experiences

Bigger Scope (n=17,337)

- 2/3rd of folks reported at least 1 ACE factor (of 10)
- 1 in 6 folks had 4 or more ACE factors
- Factors are linked to higher risks for medical conditions like smoking, severe obesity, and heart disease
- Factors are linked higher risk for substance abuse, depression and suicide attempts
- MAJOR PUBLIC HEALTH ISSUE

<http://www.cdc.gov/ace/>

ACEs Short Version

- [..\Trauma Certificate Program\ACE\Short ACE measure.pdf](#)
- Example of Questions and areas of interest ...

MORE SPECIFIC TO CHILD WELFARE

Resources for Education and Development

NCTSN Contributions ...

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

Child Welfare ToolKit

Child Welfare Toolkit (2008) Toolkit was developed by
the National Child Traumatic Stress Network in
collaboration
with

- Rady Children's Hospital, Chadwick Center for Children and Families
- Child and Family Policy Institute of California (CFPIC)
- California Social Work Education Center (CFPIC)
- California Institute for Mental Health (CIMH)

Relevance of Trauma to Child Welfare

“Henry” and Some Data

- Each year in the United States, more than 1,400 children—nearly 2 children per 100,000—die of abuse or neglect.
- In 2005, 899,000 children were victims of child maltreatment. Of these:
 - 62.8% experienced neglect
 - 16.6% were physically abused
 - 9.3% were sexually abused
 - 7.1% endured emotional or psychological abuse
 - 14.3% experienced other forms of maltreatment (e.g., abandonment, threats of harm, congenital drug addiction)

Source: USDHHS. (2007) *Child Maltreatment 2005*; Washington, DC: US Gov't Printing Office.

- Each year in the United States, more than 1,400 children—nearly 2 children per 100,000—die of abuse or neglect.
- In 2005, 899,000 children were victims of child maltreatment. Of these:
 - 62.8% experienced neglect
 - 16.6% were physically abused
 - 9.3% were sexually abused
 - 7.1% endured emotional or psychological abuse
 - 14.3% experienced other forms of maltreatment (e.g., abandonment, threats of harm, congenital drug addiction)

Source: USDHHS. (2007) *Child Maltreatment 2005*; Washington, DC: US Gov't Printing Office.

- One in four children/adolescents experience at least one potentially traumatic event before the age of 16.¹
- In a 1995 study, 41% of middle school students in urban school systems reported witnessing a stabbing or shooting in the previous year.²
- Four out of 10 U.S. children report witnessing violence; 8% report a lifetime prevalence of sexual assault, and 17% report having been physically assaulted.³

1. Costello et al. (2002). *J Traum Stress*;5(2):99-112.

2. Schwab-Stone et al. (1995). *J Am Acad Child Adolesc Psychiatry*;34(10):1343-1352.

3. Kilpatrick et al. (2003). US Dept. Of Justice. <http://www.ncjrs.gov/pdffiles1/nij/194972.pdf>.

Prevalence of Trauma in the Child Welfare Population

- A national study of adult “foster care alumni” found higher rates of PTSD (21%) compared with the general population (4.5%). This was higher than rates of PTSD in American war veterans.¹
- Nearly 80% of abused children face at least one mental health challenge by age 21.²

1. Pecora, et al. (December 10, 2003). *Early Results from the Casey National Alumni Study*. Available at: http://www.casey.org/NR/rdonlyres/CEFBB1B6-7ED1-440D-925A-E5BAF602294D/302/casey_alumni_studies_report.pdf.

2. ASTHO. (April 2005). *Child Maltreatment, Abuse, and Neglect*. Available at: <http://www.astho.org/pubs/Childmaltreatmentfactsheet4-05.pdf>.

28

Prevalence in Child Welfare Population, cont'd

- A study of children in foster care revealed that PTSD was diagnosed in 60% of sexually abused children and in 42% of the physically abused children.¹
- The study also found that 18% of foster children who had not experienced either type of abuse had PTSD,¹ possibly as a result of exposure to domestic or community violence.²

1. Dubner et al. (1999). *JCCPsych*;67(3): 367-373.

2. Marsenich (March 2002). *Evidence-Based Practices in Mental Health Services for Foster Youth*. Available at: <http://www.cimh.org/downloads/Fostercaremanual.pdf>.

29

Mismanagement of Trauma

Hendrick, H. (2012) *Creating Trauma-Informed Child Welfare Systems*, p. 6

- ❑ - Reduces likelihood of reunification (1)
- ❑ - Increases placement instability (2)
- ❑ - Increase in restrictive placements (3)
- ❑ - Increases likelihood of using stronger psychotropic medications (4)
- ❑ - Increases child perpetuating intergenerational cycle of abuse and neglect when they become a parent (5)

1) Rubin, O'Reilly, Luan, & Localio (2007) *Pediatrics*, 119 (2) 336-344

2) Hartnett, Leathers, Falconnier & Testa (1999) *Placement Stability Study*.

3) Pecora et al. (2005) www.nxtbook.com/nxtbooks/casey/alumnistudies/

4) Raghavan et al. (2005) *Journal of Child and Adolescent Psychopathology*, 15(1), 97-106

5) Fang & Corso (2007) *American Journal of Preventative Medicine*, 33(4), 281-290

Defining Trauma ...

What Is Child Traumatic Stress?

- Child traumatic stress refers to 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.

What Is Child Traumatic Stress, cont'd

- A child's response to a traumatic event may have a profound effect on his or her perception of self, the world, and the future.
- Traumatic events may affect a child's:
 - Ability to trust others
 - Sense of personal safety
 - Effectiveness in navigating life changes

Types of Traumatic Stress

- **Acute trauma** is a single traumatic event that is limited in time. Examples include:
 - Serious accidents
 - Community violence
 - Natural disasters (earthquakes, wildfires, floods)
 - Sudden or violent loss of a loved one
 - Physical or sexual assault (e.g., being shot or raped)
- During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.

23

- **Chronic trauma** refers to the experience of multiple traumatic events.
- These may be multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or longstanding trauma such as physical abuse, neglect, or war.
- The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.

Types of Traumatic Stress, cont'd

- **Complex trauma** describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child.
- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child’s development and functioning.

Source: Cook et al. (2005). *Psychiatr Ann*, 35(5):390-398.

25

Other Sources of Stress

Variables that impact of trauma

Other Sources of Ongoing Stress

- Children in the child welfare system frequently face other sources of ongoing stress that can challenge workers' ability to intervene. Some of these sources of stress include:
 - Poverty
 - Discrimination
 - Separations from parent/siblings
 - Frequent moves
 - School problems
 - Traumatic grief and loss
 - Refugee or immigrant experiences

31

Variability in Responses to Stressors and Traumatic Events

- The impact of a potentially traumatic event is determined by both:
 - The objective nature of the event
 - The child's subjective response to it
- Something that is traumatic for one child may not be traumatic for another.

- The impact of a potentially traumatic event depends on several factors, including:
 - 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 presence/availability of adults who can offer help and protection

Effects of Trauma Exposure on Children

- When trauma is associated with the failure of those who should be protecting and nurturing the child, it has profound and far-reaching effects on nearly every aspect of the child's life.
- Children who have experienced the types of trauma that precipitate entry into the child welfare system typically suffer impairments in many areas of development and functioning, including:

Effects of Trauma Exposure, cont'd

- **Attachment.** Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.
- **Biology.** Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.
- **Mood regulation.** Children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.

Effects of Trauma Exposure, cont'd

- **Dissociation.** Some traumatized children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal.
- **Behavioral control.** Traumatized children can show poor impulse control, self-destructive behavior, and aggression towards others.
- **Cognition.** Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.
- **Self-concept.** Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

- In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors.
- These behaviors place them at risk for a range of serious mental and physical health problems, including:
 - Alcoholism
 - Drug abuse
 - Depression
 - Suicide attempts
 - Sexually transmitted diseases (due to high risk activity with multiple partners)
 - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

□

Source: Felitti et al. (1998). *Am J Prev Med*;14(4):245-258.

TRAUMA AND THE BRAIN

Understanding “why” ...

- http://www.childwelfare.gov/pubs/issue_briefs/brain_development/effects.cfm

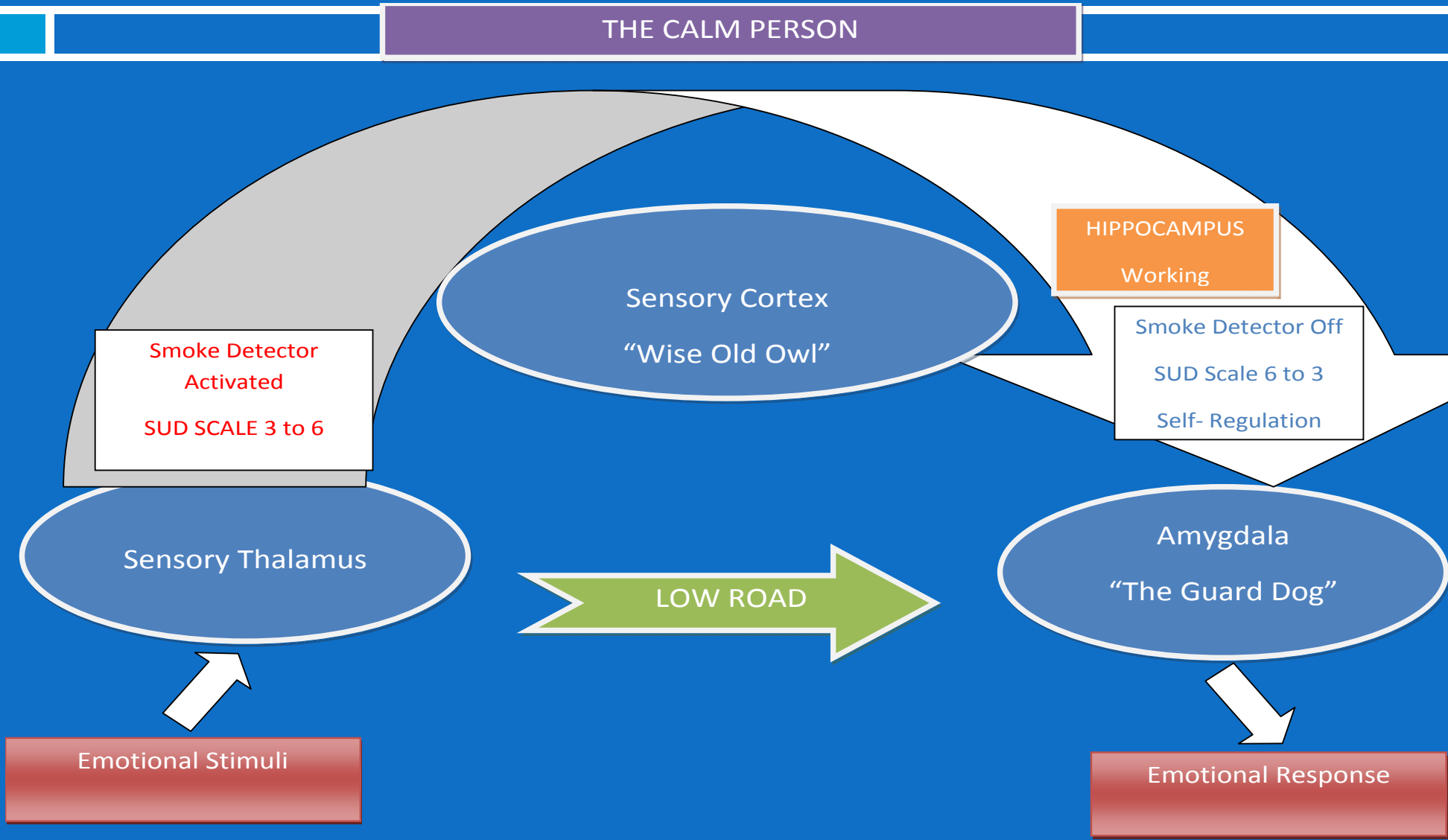
Brain and Stress

- When stress is predictable and moderate, stress can facilitate resiliency and enhance memory
- When stress is unpredictable and severe, stress can create vulnerability and memory impairment
- Severe and chronic stress in childhood via multiple traumas from caregivers can impact affect regulation, interpersonal relationship skills, and states become traits (fight/flight/freeze... disassociation or hyper arousal)

Three parts of the brain ...

- Brain Stem
- Limbic Brain
- Cerebral Cortex

Stress and the Brain



Model adapted by Allison Sampson from Ledoux (1996, page 164) and utilizing terms from van der Kolk's work and Goldie Hawn's Book (2011) *10 Mindful Minutes*

THE TERRIFIED PERSON

HIGH ROAD

Sensory Cortex
"Wise Old Owl"

Hippocampus
Shrunken

Smoke Detector
Activated
SUD SCALE 6 to 10

Smoke Detector
Misfires
SUD Scale stays at 8
Lack of Regulation

Sensory Thalamus

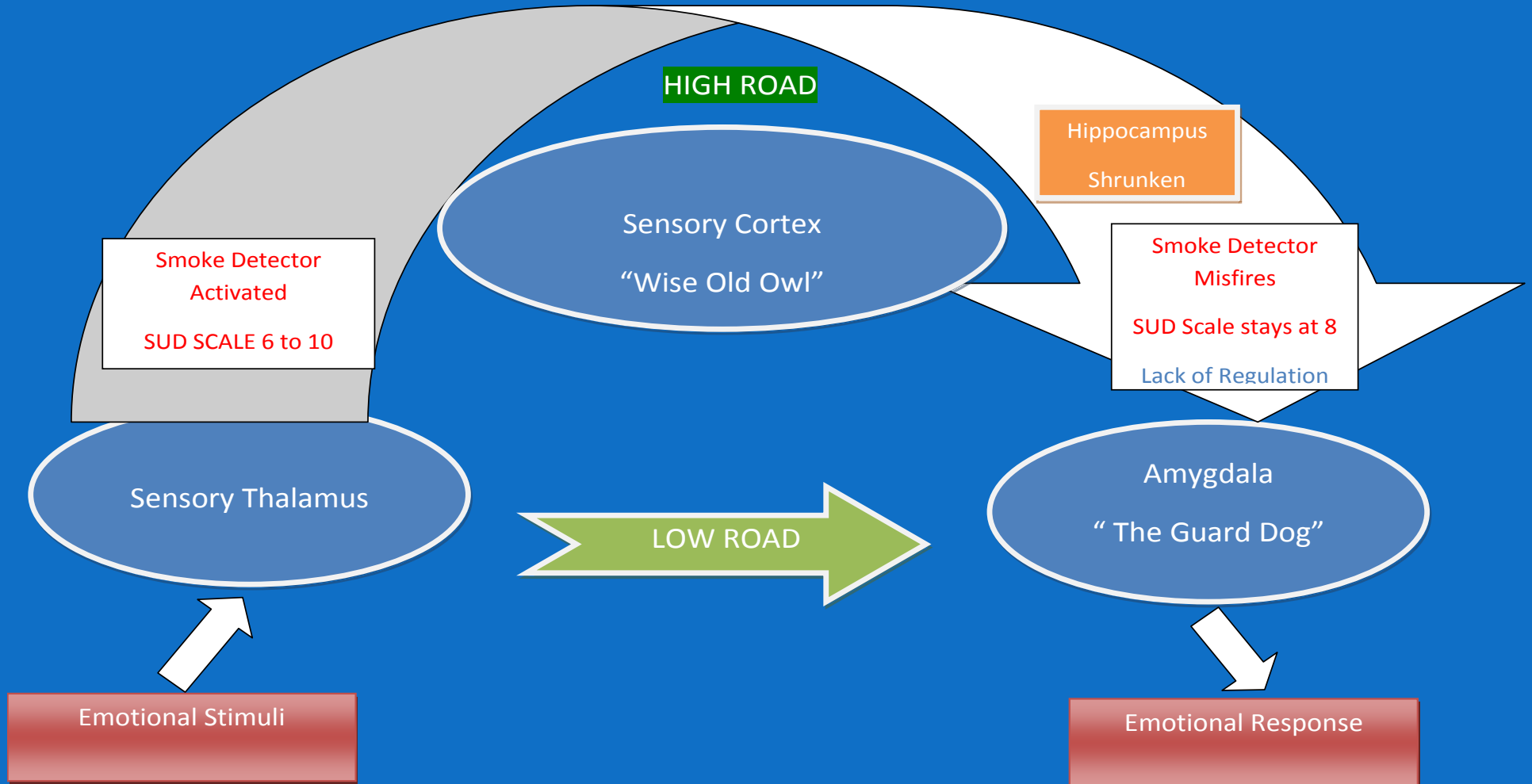
LOW ROAD

Amygdala
"The Guard Dog"

Emotional Stimuli

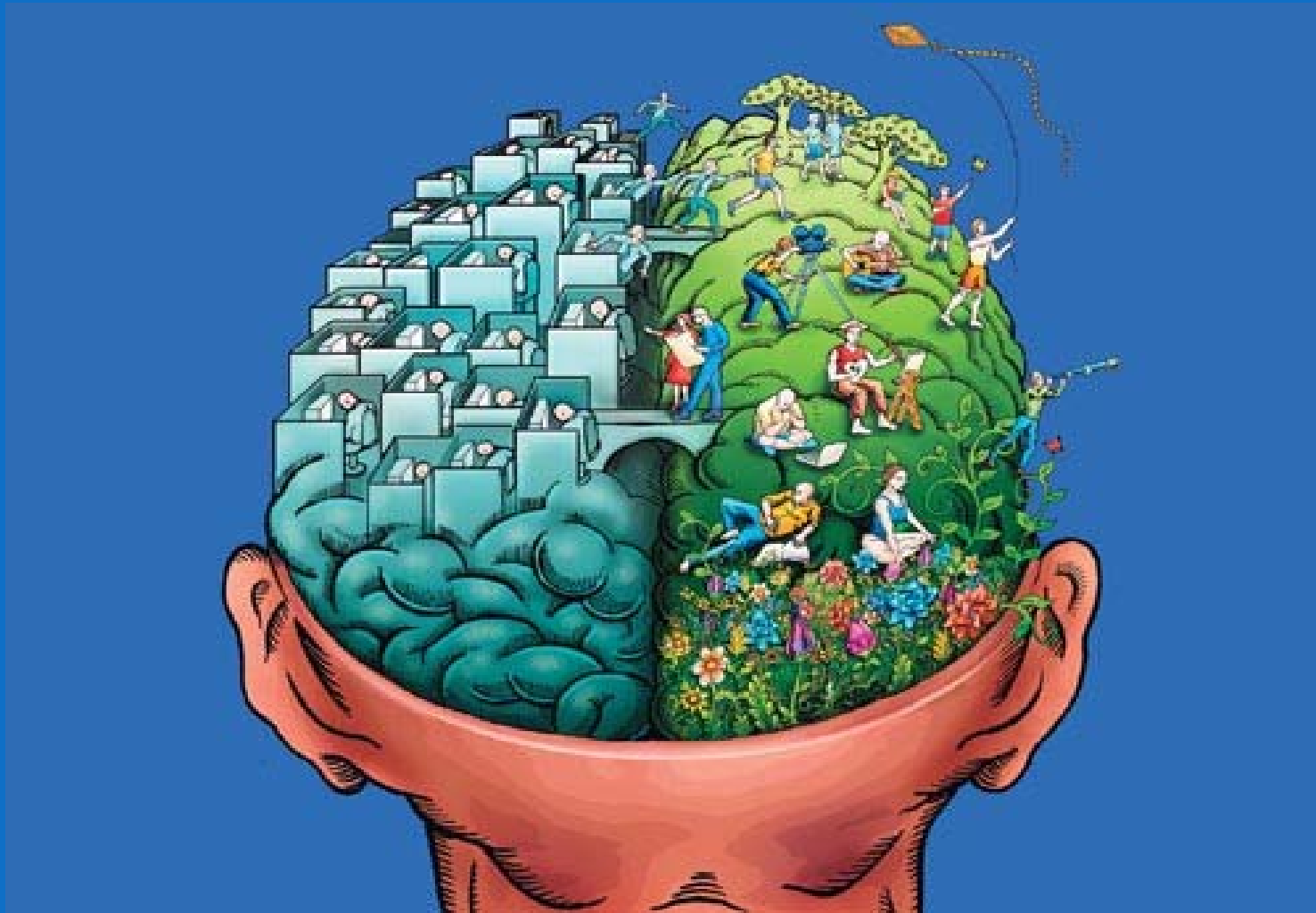
Emotional Response

Model adapted by Allison Sampson from Ledoux (1996, page 164) and utilizing terms from van der Kolk's work and Goldie Hawn's Book (2011) *10 Mindful Minutes*



EXPERIENTIAL EXERCISE ...

Right and Left Hemisphere



Information and slide part of Dr. Allison Sampson's Trauma Presentation

Memory

Explicit Memory

- Semantic: Factual information
- Autobiographical: Sense of self in time

Implicit Memory

- Somatic: Sense of body at time
- Perception: Senses
- Behavioral: What we did with our body

Looking through their eyes ...

Explicit memory has worked so far today to help us understand the experience of the children we work with ...

Implicit emotional understanding is more difficult ...
pay attention to your implicit experience to the music and pictures ...

Implicit versus Explicit

- What is the experience of the implicit memory versus the explicit understanding?
- Is one more powerful than the other?
- Would having mixed the two sets of pictures lessened or intensified the experience?

- Trauma can have serious consequences for the normal development of children's brains, brain chemistry, and nervous system.
- Trauma-induced alterations in biological stress systems can adversely effect brain development, cognitive and academic skills, and language acquisition.
- Traumatized children and adolescents display changes in the levels of stress hormones similar to those seen in combat veterans.
 - These changes may affect the way traumatized children and adolescents respond to future stress in their lives, and may also influence their long-term health.¹

1. Pynoos et al. (1997). *Ann N Y Acad Sci*;821:176-193

- In **early childhood**, trauma can be associated with reduced size of the cortex.
 - The cortex is responsible for many complex functions, including memory, attention, perceptual awareness, thinking, language, and consciousness.
- Trauma may affect “cross-talk” between the brain’s hemispheres, including parts of the brain governing emotions.
 - These changes may affect IQ, the ability to regulate emotions, and can lead to increased fearfulness and a reduced sense of safety and protection.

- In **school-age children**, trauma undermines the development of brain regions that would normally help children:
 - Manage fears, anxieties, and aggression
 - Sustain attention for learning and problem solving
 - Control impulses and manage physical responses to danger, enabling the adolescent to consider and take protective actions
- As a result, children may exhibit:
 - Sleep disturbances
 - New difficulties with learning
 - Difficulties in controlling startle reactions
 - Behavior that shifts between overly fearful and overly aggressive

- In **adolescents**, trauma can interfere with development of the prefrontal cortex, the region responsible for:
 - Consideration of the consequences of behavior
 - Realistic appraisal of danger and safety
 - Ability to govern behavior and meet longer-term goals
- As a result, adolescents who have experienced trauma are at increased risk for:
 - Reckless and risk-taking behavior
 - Underachievement and school failure
 - Poor choices
 - Aggressive or delinquent activity

Source: American Bar Association. (January 2004). Adolescence, Brain Development and Legal Culpability. Available at: <http://www.abanet.org/crimjust/juvisus/Adolescence.pdf>

44

TRAUMA AND ATTACHMENT

Attachment ... what we already know

- Review of the exercise ... what did you notice about caregiver touch between the two sets of pictures ...
- What do you think the implicit memories are about caregiving relationships ? About authority figures? About their ability to be safe ?

Attachment

Many argue that these early relationships (experiences) shape neuronal circuits which regulate emotional and social functioning

Attachment's Purpose

Siegel, 1999

Evolutionary Level – biological

Infant Survival (Bowlby)

Mind Level – biological and social

Caregiver's brain helps child's brain to organize regulation

Caregiver's brain teaches child self-soothing

Child experience of safety allows for exploration

Attachment's Purpose

Experience of safety is encoded in child's implicit memory and provides secure base from which to grow and access higher levels of information processing

Impact of Secure Attachment

Associated with ...

Emotional Regulation

Social Relatedness

Access to autobiographical memory

- Sense of self in time (presence)

Development of Self-Reflection and Narrative

Main (1995), Main et. al. (1985), Fox et. Al. (1994), Oppenheim and Waters (1995)

Other impacts of trauma

Culture and Development

The Influence of Culture on Trauma

- Social and cultural realities strongly influence children's risk for—and experience of—trauma.
- Children and adolescents from minority backgrounds are at increased risk for trauma exposure and subsequent development of PTSD.
- In addition, children's, families' and communities' responses to trauma vary by group.

The Influence of Developmental Stage

- Child traumatic stress reactions vary by developmental stage.
- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- This may reduce children's capacity to explore the environment and to master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

The Influence of Developmental Stage: Young Children

- **Young children** who have experienced trauma may:
 - Become passive, quiet, and easily alarmed
 - Become fearful, especially regarding separations and new situations
 - Experience confusion about assessing threat and finding protection, especially in cases where a parent or caretaker is the aggressor
 - Regress to recent behaviors (e.g., baby talk, bed-wetting, crying)
 - Experience strong startle reactions, night terrors, or aggressive outbursts

The Influence of Developmental Stage: School-Age Children

- **School-age children** with a history of trauma may:
 - Experience unwanted and intrusive thoughts and images
 - Become preoccupied with frightening moments from the traumatic experience
 - Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different
 - Develop intense, specific new fears linking back to the original danger

The Influence of Developmental Stage: School-Age Children, cont'd

- **School-age children** may also:
 - Alternate between shy/withdrawn behavior and unusually aggressive behavior
 - Become so fearful of recurrence that they avoid previously enjoyable activities
 - Have thoughts of revenge
 - Experience sleep disturbances that may interfere with daytime concentration and attention

The Influence of Developmental Stage: Adolescents

- In response to trauma, **adolescents** may feel:
 - That they are weak, strange, childish, or “going crazy”
 - Embarrassed by their bouts of fear or exaggerated physical responses
 - That they are unique and alone in their pain and suffering
 - Anxiety and depression
 - Intense anger
 - Low self-esteem and helplessness

The Influence of Developmental Stage: Adolescents, cont'd

- These trauma reactions may in turn lead to:
 - Aggressive or disruptive behavior
 - Sleep disturbances masked by late-night studying, television watching, or partying
 - Drug and alcohol use as a coping mechanism to deal with stress
 - Over- or under-estimation of danger
 - Expectations of maltreatment or abandonment
 - Difficulties with trust
 - Increased risk of revictimization, especially if the adolescent has lived with chronic or complex trauma

The Influence of Developmental Stage: Adolescents, Trauma, & Substance Abuse

- Adolescents who have experienced trauma may use alcohol or drugs in an attempt to avoid overwhelming emotional and physical responses. In these teens:
 - Reminders of past trauma may elicit cravings for drugs or alcohol.
 - Substance abuse further impairs their ability to cope with distressing and traumatic events.
 - Substance abuse increases the risk of engaging in risky activities that could lead to additional trauma.
- Child welfare workers must address the links between trauma and substance abuse and consider referrals for relevant treatment(s).

58

The Influence of Developmental Stage: Specific Adolescent Groups

- **Homeless youth** are at greater risk for experiencing trauma than other adolescents.
 - Many have run away to escape recurrent physical, sexual, and/or emotional abuse
 - Female homeless teens are particularly at risk for sexual trauma
- **Special needs adolescents** are 2 to 10 times more likely to be abused than their typically developing counterparts.
- **Lesbian, gay, bisexual, transgender or questioning (LGBTQ) adolescents** contend with violence directed at them in response to suspicion about or declaration of their sexual orientation and gender identity

BIG PICTURE ...

- Many of the symptoms we are seeing in the children we work with are direct results of coping with trauma ...
- When we try to take away their coping, families and children often withdraw and protect themselves from us ...
- Be aware of the “invisible suitcase” that our children and parents bring with them as they move into the system and often away from everything they know ...

CROSS GENERATIONAL TRAUMA ...

What about the caregivers

Perspective of a parent ...

- ❑ Poem ... perspective on children of trauma who have now grown up to be parents ...
- ❑ Understanding how trauma may be impacting a birth parent
- ❑ Impact of trauma on communication and decision making of adult caregivers
- ❑ Data on caregivers needs

Cross-Generational Trauma Histories

Hendricks (2012) Chapter 12 of *Creating Trauma Informed Child Welfare Systems*
Using Trauma Informed Services to Increase Parental Protective Factors

- Why does it matter to us ?
 - Affects the emotions and behaviors of the parents and thus their communication and decision-making
 - All that we have learned about trauma, attachment, and the brain now applies to the parents
 - Is an important consideration in kinship care and relative placements

Not addressing parental trauma history decreases the parenting abilities of all caregivers in the child's life ... results in disrupted placements and client recidivism

Cross-Generational Trauma

Hendricks (2012) Chapter 12 of *Creating Trauma Informed Child Welfare Systems*
Using Trauma Informed Services to Increase Parental Protective Factors

- If a parents has had chronic trauma in their own childhoods it impacts
 - Ability to engage in positive parent child interactions
 - Ability to protect their own children
 - Ability to help their children recover from trauma
 - Ability to cope and function with Child Welfare interventions (including removal) with their children

Cross-Generational Trauma

Hendricks (2012) Chapter 12 of *Creating Trauma Informed Child Welfare Systems Using Trauma Informed Services to Increase Parental Protective Factors*

- Women who have experienced trauma are more likely to self-medicate with a substance (55-99%) (1)
- Intergenerational transmission of trauma (Depression, PTSD) (2)
- Unresolved childhood trauma can lead to reenactments with partners in adult relationships and/or with their children (3)
- Unresolved childhood trauma can lead to difficulty forming secure attachments with their children (4)
- Childhood trauma can result in parenting styles that include threats & violence (2)
- Childhood sexual abuse survivors can miss “red flags” of sexual abuse with their own children due to avoidance of trauma memories themselves (2)

- 1) Najavits, Weiss, & Shaw (1997) *The American Journal on Addiction*, 6 (4), 273-283
- 2) Hendricks, A. (2012). *Using Trauma-Informed Services to Increase Parental Factors* (pp. 89-91)
- 3) Walker (2007) *Journal of Social Work Practice*, 21 (1), 77-87.
- 4) Main & Hess (1990) In M. Greenberg, D. Cicchetti, & E. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 121-160)

Cross-Generational Trauma

Hendricks (2012) Chapter 12 of *Creating Trauma Informed Child Welfare Systems Using Trauma Informed Services to Increase Parental Protective Factors*

Caregiver functioning following a child's exposure to trauma is a major predictor of child's functioning (1 & 2)

If we want to improve a child's outcome, we must address parent's trauma history ... failure to do so can result in (2) ...

- Failure to engage in treatment services
- An increase in symptoms
- An increase in management problems
- Retraumatization
- An increase in relapse
- Withdrawal from service relationship
- Poor treatment outcomes

1) Linares et al (2001) *Child Development*, 72, 639-652

2) Liberman, Van Horn, & Ozer (2005) *Development and Psychopathology*, 17, 385-396

3) Hendricks, A. (2012) pp. 91

Pro-Active Approaches with Parents

- Utilize trauma focused screening and assessment and treatment services with all family members including the birth family
- Don't just make a referral to general mental health services, substance abuse services, or domestic violence services
- Advocate for better trained service providers
- Promote awareness of parent trauma across Child Welfare System

Hendricks, A. (2012) *Using Trauma Informed Services to Increase Parental Protective Factors* from Chapter 12 of *Creating Trauma Informed Child Welfare Systems*. (p. 91)

PERSPECTIVE ON ENTERING INTO CHILD WELFARE SYSTEM

Impact of foster care and connection to biological parent

Foster Care Outcomes and Data

Based on Health and Human Services data (2005),
children entering foster care

60% will return home

15% will be adopted

Remaining children “age out” of foster care
(19,000 per year)

Impact of being in Child Welfare System

- ❑ 25% will be incarcerated within first 2 years of aging out of the system
- ❑ More than 20% will become homeless
- ❑ Only 58% will have a High School Diploma
- ❑ Less than 3% will have a college education by age of 25
- ❑ Many will re-enter the system as parents
- ❑ For children under age of 5, increase likelihood of developmental delays 13-62% compared to 4-10%

1) Conradi, L. (2012) Chadwick Trauma Informed System Project p. 54

2) Leslie et. al. (2005). *Developmental and Behavioral Pediatrics* 26(3), 177-185

Foster Care and Family Preservation

- Area of great focus is on balance between family preservation and child removal
- Increased knowledge of parental protective factors and trauma informed practice are being encouraged utilized with the birth parents given positive parental involvement increases positive outcomes for children
- Entering into the Child Welfare System and Foster Care are traumas, often including multiple placements that lead to problems for child development on top of the trauma child experienced in their home
- Some studies in Illinois looked at “close margin” cases where investigator may view removal of a child differently. Children remaining in the home demonstrated increased well-being, especially older children (lower risk of delinquency and adult criminal involvement, higher earnings and employment as an adult, possible relationship to lower rate of teen pregnancy) Doyle, J. (2007, 2008)

Birth Parent Involvement

- Many studies indicate that caregiver functioning is a major predictor of child functioning after child experiences a trauma (Linares et al. 2001, Lieberman, Van Horn, & Ozer 2005)
- Birth parent involvement can improve children's depression and lower their externalizing behavior problems (McWey, Acock, & Porter 2010)
- See NCTSN Guide for Attorneys and Judges on Birth Parents and “What Children in Foster Care Want You to Know”

What can we as important parts of the child welfare system do?

- Full “Henry Story”
- Understanding the “Emotional Chain of Custody”
- Recognizing the traumatizing impact the system itself can have on the child and family

TIC and TICW

- **Trauma Informed Care (TIC)**

“Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.” (Hopper, Bassuk, and Olivet 2009, p. 133)

- **Trauma Informed Child Welfare System (TICW)**

“A trauma informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, and those who have contact with the system. Programs and organizations within the system infuse this knowledge awareness and skills into their organizational cultures, policies and practices. They act in collaboration, using the best available science to facilitate and support resiliency and recovery.” (Hendricks, Conradi, & Wilson, 2011, p.189)

SO WHAT REALLY IS TICW

Understanding what we can do even better ...

Essential Elements of TICW

NCTSN Child Welfare Toolkit (2008)

Maximize the child's sense of safety

- Physical and Psychological
- Provide clarity of what is happening

Assist children in reducing overwhelming conditions

- Remember "Trauma and the Brain"
- Help them regulate themselves so they can communicate, understand, and problem solve
- Remember the behavior you see may be coping with stress

Help children make new meaning of their trauma history & current experiences

- Remember impact of Trauma on the Brain and Attachment
- Remember implicit and explicit memory
- All of these factors impact information processing, communication and how the child makes sense out of what is happening

Essential Elements of TICW

NCTSN Child Welfare Toolkit (2008)

Address the impact of the trauma and subsequent changes in the child's behavior

Coordinate services with other agencies

Utilize comprehensive assessment of the child's trauma experiences and their impact on the child's development and behavior to guide services

Support and Promote Positive and Stable Relationships in the life of the child

Provide support and guidance to the child's family and caregivers

Manage professional and personal stress

Recap: Coordinate services with other agencies.

- Traumatized children and their families are often involved with multiple service systems.
- Cross-system collaboration enables all helping professionals to see the child as a whole person, thus preventing potentially competing priorities and messages.
- Service providers should try to develop common protocols and frameworks for documenting trauma history, exchanging information, coordinating assessments, and planning and delivering care.

Recap: Provide support and guidance to the child's family and caregivers.

- Children experience their world in the context of family relationships.
- Research has demonstrated that support from their caregivers is a key factor influencing children's psychological recovery from traumatic events.
- Resource families have some of the most challenging and emotionally draining roles in the entire child welfare system.
- Providing support and guidance to the child's family and caregivers is a part of federal outcomes (CFSR goals).

Understand what good trauma treatment looks like ...

- Phase Oriented Treatment “Gold Standard”

Phase 1: Safety and Stabilization

Phase 2: Trauma Reprocessing

Phase 3: Reintegration

- Handout on questions to ask Mental Health Providers

- Resource

http://www.nctsnet.org/nccts/nav.do?pid=ctr_top_trmnt_prom

Phase Oriented Treatment

PHASE ONE: Safety and Stabilization

- Personal and Interpersonal Safety Established: Education/Support/Safety Planning
- Enhance Client's ability to manage extreme arousal (hyper/hypo)
- Active engagement in positive/negative experiences (deal with automatic avoidance behaviors, self awareness of avoidance, increase coping skills and use of coping skills)
- Education (psychotherapy, trauma, skills to be learned)
- Assess and develop relationship capacity (decrease avoidance of relationships or negative thoughts about relationships, build support network, define client's attachment network)

PHASE TWO: Trauma Reprocessing

- Disclosure of traumatic memories, development of an autobiographical narrative (identify emotions connected to trauma memories, grieve and mourn losses, resolution of relationships when appropriate, increased awareness, increase interpersonal and self-regulation skills)
- Supporting client in maintaining functioning and not getting lost in memories or seeing themselves as "disabled", need to affirm strengths, promote positive self-esteem, and internal and external resources now available to them

PHASE THREE: Re-Integration

- Growth and period and reengagement in life
- Can be time of client realizing losses, discover of unresolved developmental deficits, fine tuning of self-regulation skills

**Phase Oriented Treatment for Trauma (Herman 1992, Janet 1889) from Courtois, C.
"Treating Complex Traumatic Stress Disorders"**

Taking Care of Yourself

- Always at the end ... always the part we race through ... one of THE MOST IMPORTANT components of an effective Trauma Informed Child Welfare System
- Bride (2007) did a study of master's level social workers licensed in a southern state. The study found that...
 - 70.2% of workers experienced at least one symptom of STS in the previous week
 - 55 % met the criteria for at least one of the core symptom clusters
 - 15 .2% met the core criteria for a diagnosis of PTSD.
- The intrusion criterion was endorsed by nearly half of the respondents.
- The most often reported symptoms were intrusive thoughts, avoidance of reminders of clients, and numbing responses.

Impact of Working with Victims of Trauma

- Trauma experienced while working in the role of helper has been described as:
 - Compassion fatigue
 - Countertransference
 - **Secondary traumatic stress (STS)**
 - Vicarious traumatization
- Unlike other forms of job “burnout,” STS is precipitated not by work load and institutional stress but by exposure to clients’ trauma.
- STS can disrupt child welfare workers’ lives, feelings, personal relationships, and overall view of the world.

106

Impact of Chronic Stress

http://www.helpguide.org/mental/stress_signs.htm

- raise blood pressure
- suppress immune system
- increase the risk of heart attack and stroke
- contribute to infertility
- speed up the aging process (life expectancy)
- create vulnerability for anxiety and depression
- obesity
- skin conditions (ex: eczema)
- sleep problems
- digestive problems



Vicarious Trauma's Impact Personally

(Yassen, 1995)

- Emotional

Roller coaster

Overwhelmed

Depleted

- Behavioral

Negative coping
mechanism

Difficulty sleeping

Absent- mindedness

- Cognitive

Spaciness

Apathy

Perfectionism

Minimization

Personal Impact . . . (Yassen, 1995)

□ Spiritual

Hopelessness

Anger at a Higher
Power

□ Physical

Aches and pains

Impaired immune system

Breathing difficulties

□ Interpersonal

Withdrawn

Intolerance

Loneliness

Projection of anger and
blame

Professional Impact (Yassen, 1995)

□ Performance of Job

Tasks

Decrease in quality and quantity

Increase in mistakes

Avoidance of job tasks

□ Morale

Dissatisfaction

Negative attitude

Detachment

Professional Impact (Yassen, 1995)

□ Interpersonal

Withdrawn from
colleagues

Impatience

Poor communication

Staff conflicts

□ Behavioral

Tardiness

Absenteeism

Faulty Judgement

Managing Stress: What Child Welfare Workers Can Do

- Request and expect regular supervision and supportive consultation.
- Utilize peer support.
- Consider therapy for unresolved trauma, which the child welfare work may be activating.
- Practice stress management through meditation, prayer, conscious relaxation, deep breathing, and exercise.
- Develop a written plan focused on maintaining work–life balance.