Sustaining and Expanding a Trauma-Informed System: From Theory and Practice to Action

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History and Background:

Maine's Trauma-informed System of Care

What is the Impact of Trauma on Children and Families?

There was a child that went forth everyday; and all that

he looked upon

became part of him

Walt Whitman

Local Evaluation Questions

Incidence and Prevalence of Trauma Exposure

- What was the prevalence of trauma experiences in children and youth who enrolled in THRIVE?

- What was the prevalence of trauma experiences of the families of those children?

Effectiveness of Trauma-informed Approach to Services

- To what extent did children and youth enrolled in THRIVE System of Care exhibit reductions in trauma-related symptoms and behaviors over time?

Evaluation Study Participants

- Families and children/youth (up to 18) who:
  - ➢ Lived within Tri-County Area; included primarily rural areas and one urban center
  - ➢ Were involved with at least two systems;
  - ➢ Had Serious Emotional diagnosis; and
  - ➢ Family worked with a Thrive Family Support Partner (FSP).
- Consented to participate in evaluation
- Completed first interview within 30 days of FSP intake and then at 6 month intervals

Local Evaluation Data Collection Instruments

- Enrollment and Demographic Information Form (EDIF; all children and youth)

- Traumatic Events Screening Instrument (TESI; caregivers only)

- Lifetime Incidence of Traumatic Events (LITE; parent and child versions)

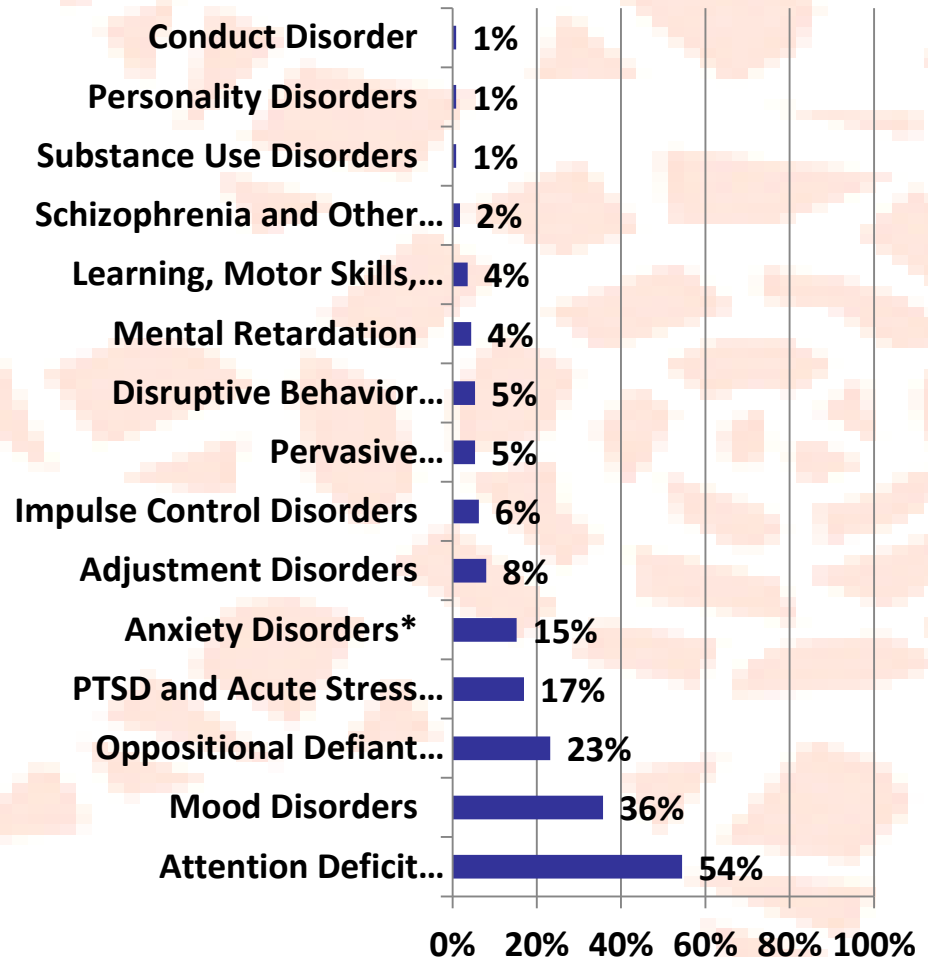- Trauma Symptom Checklist (TSC; versions for young children and for youth)

Methodology

- Child and youth trauma events included those that parent or youth report having a) occurred and b) bothered the child or youth "a lot."

- Two groups: youth with trauma and youth who have not experienced trauma

- Two more groups: incorporates measures of childhood trauma experience of primary caregivers

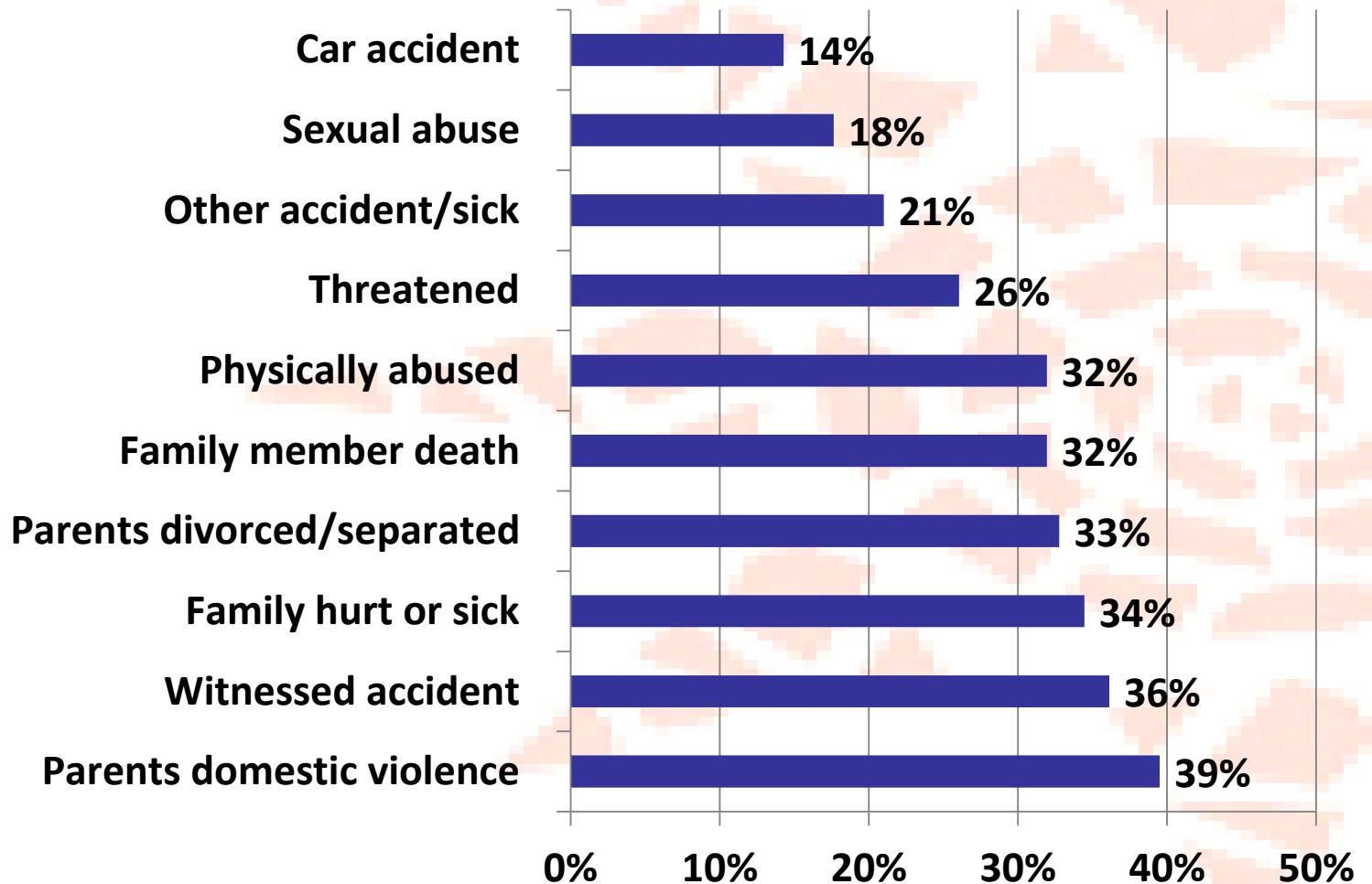- Local data linked to SOC National Evaluation data with child ID

Characteristics of Evaluation Population

- 120 Children and Youth:
  - Average age = 10
  - 61% boys (39% girls)
  - 92% lived at home

- 117 Caregivers:
  - Female (92%), average age 36
  - Biological parent (82%)
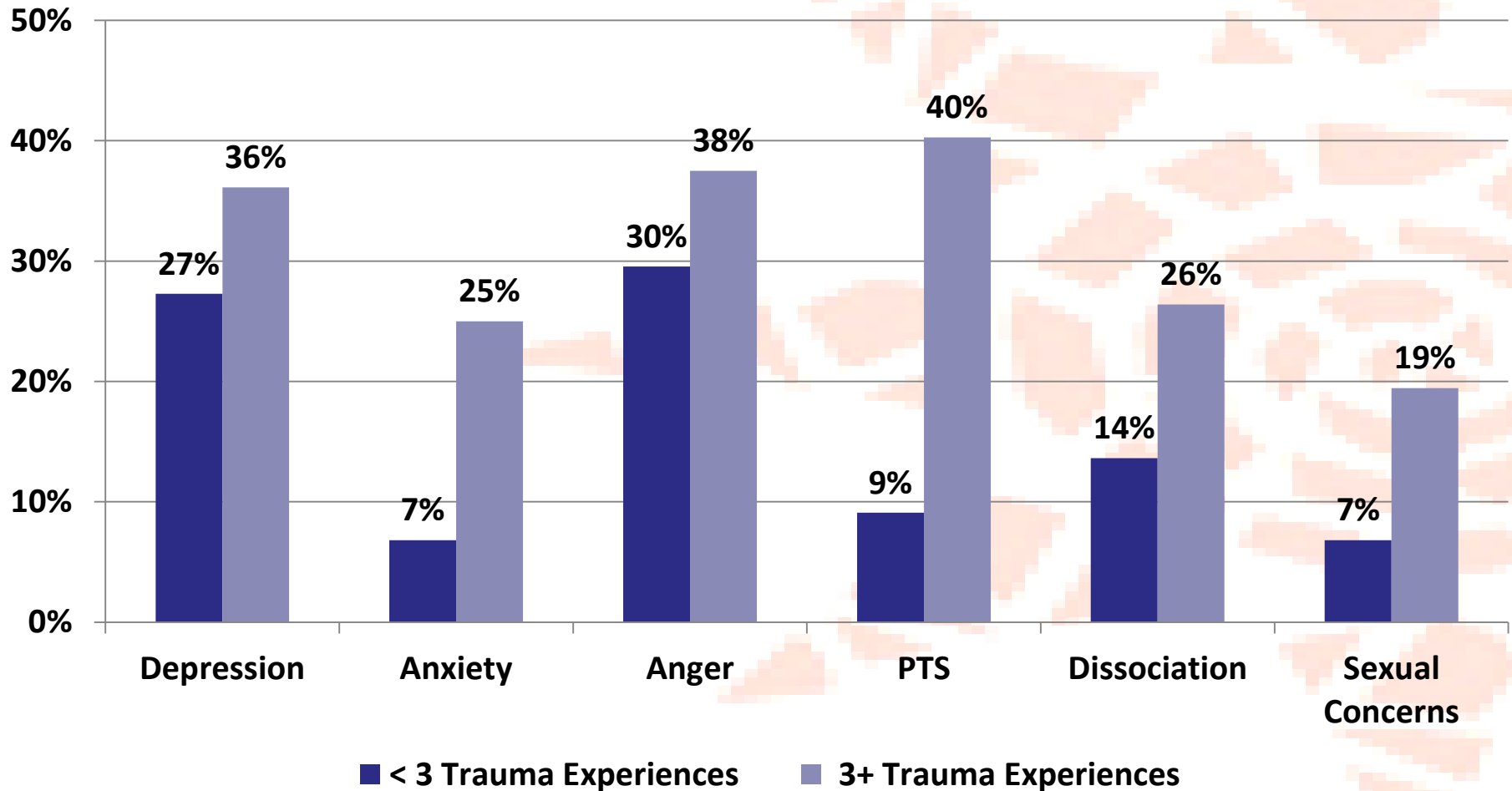 - High school graduates or higher (81%)
  - 70% earn less than $50K per year

Disorder	Percentage
Conduct Disorder	1%
Personality Disorders	1%
Substance Use Disorders	1%
Schizophrenia and Other...	2%
Learning, Motor Skills,...	4%
Mental Retardation	4%
Disruptive Behavior...	5%
Pervasive...	5%
Impulse Control Disorders	6%
Adjustment Disorders	8%
Anxiety Disorders*	15%
PTSD and Acute Stress...	17%
Oppositional Defiant...	23%
Mood Disorders	36%
Attention Deficit...	54%

Child and Youth Trauma Experiences

Car accident — 14%
Sexual abuse — 18%
Other accident/sick — 21%
Threatened — 26%
Physically abused — 32%
Family member death — 32%
Parents divorced/separated — 33%
Family hurt or sick — 34%
Witnessed accident — 36%
Parents domestic violence — 39%

0%   10%   20%   30%   40%   50%

Effects of Trauma on Children and Youth
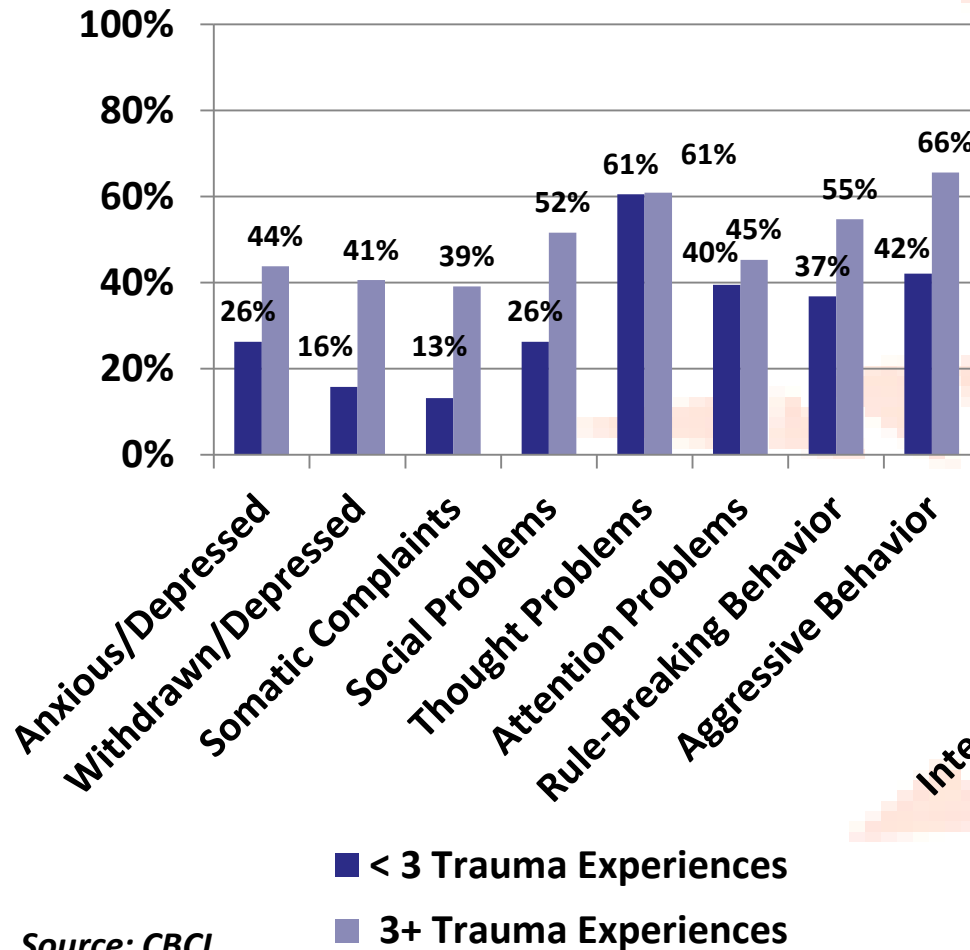
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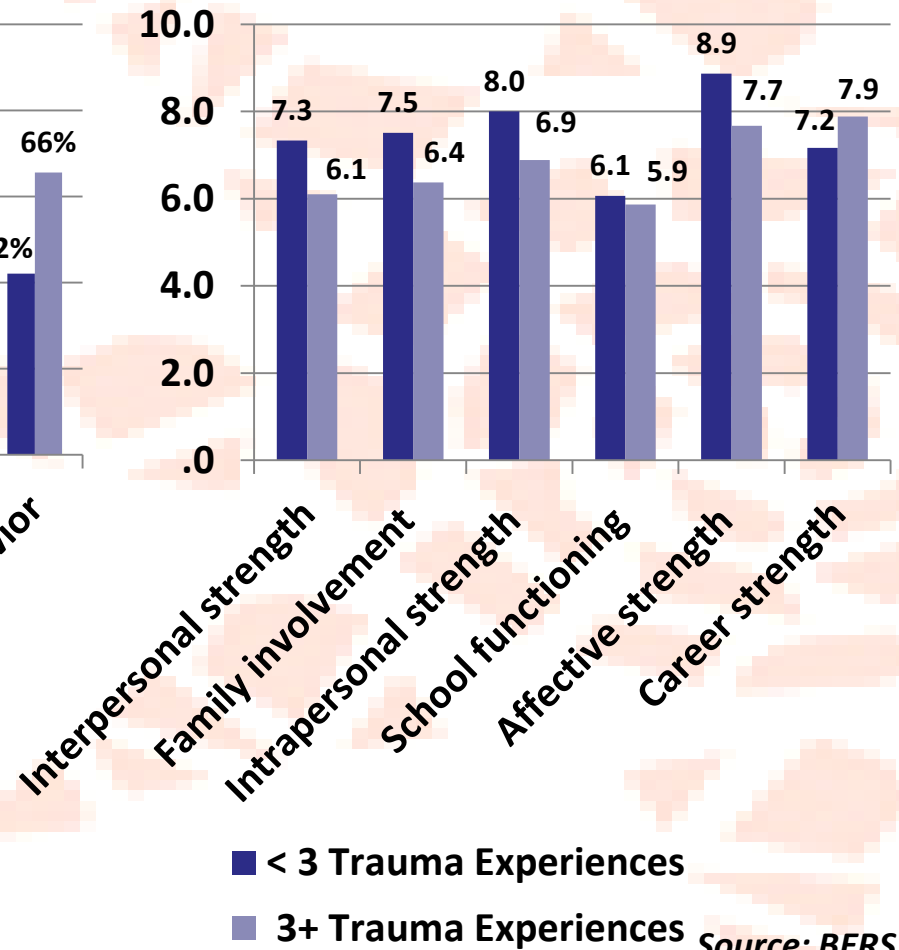
Source: BERS

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Childhood Trauma Experiences of Caregivers

Witnessed violence... — 19%

Been threatened to... — 20%

Been attacked with... — 21%

Death of close... — 22%

Witness bad accident — 23%

Bad accident — 27%

Witnessed domestic... — 38%

Sexual abuse — 42%

Separated from... — 42%

Emotionally abused — 43%

0% 10% 20% 30% 40% 50%

No ACE — 25%

One ACE — 18%

Two ACE — 18%

Three or more ACE — 38%

0% 10% 20% 30% 40% 50%
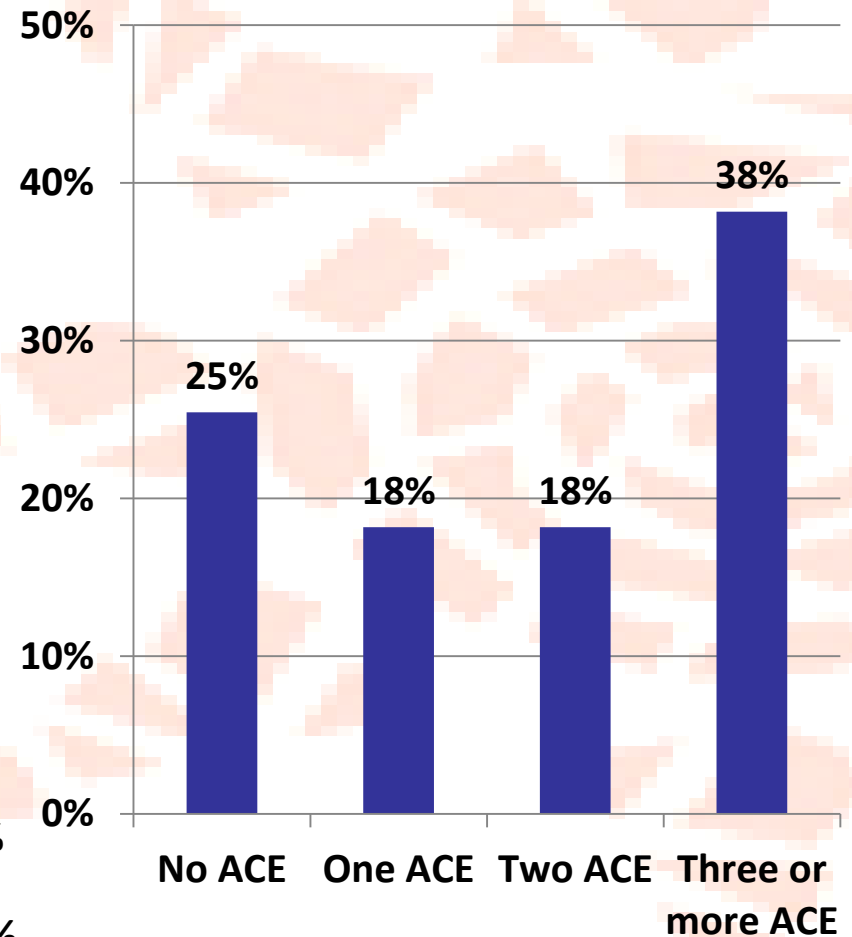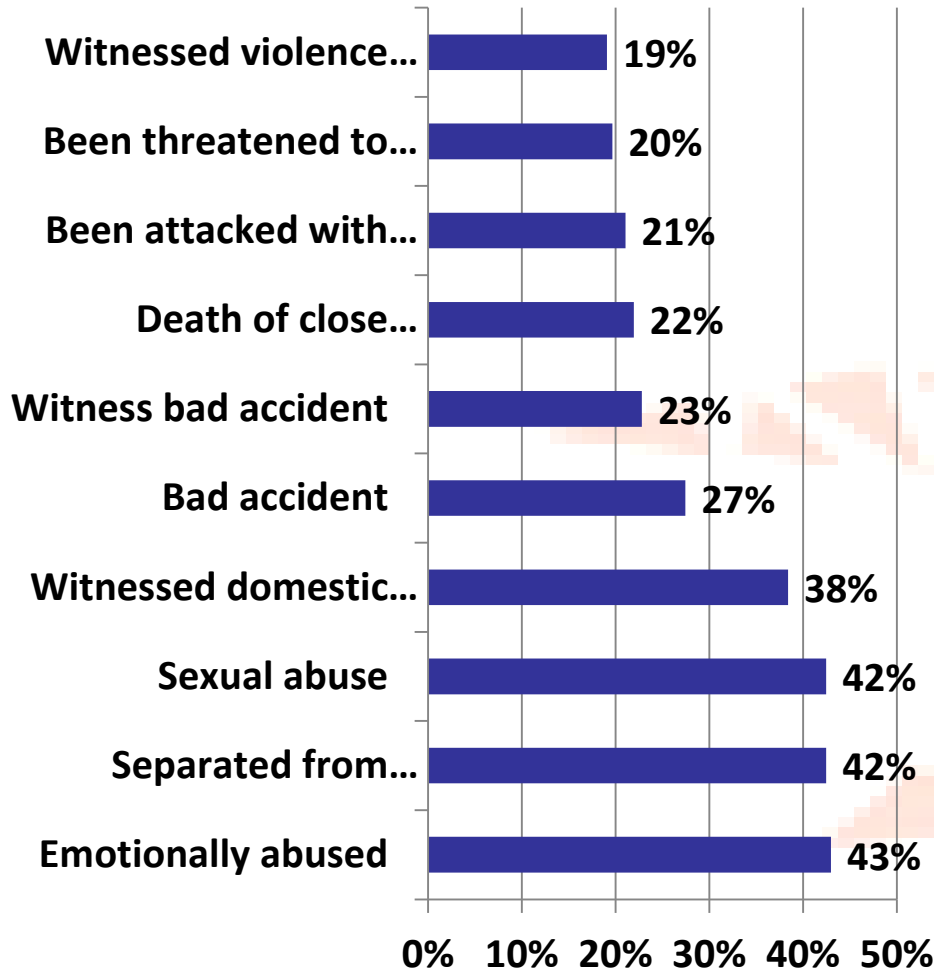
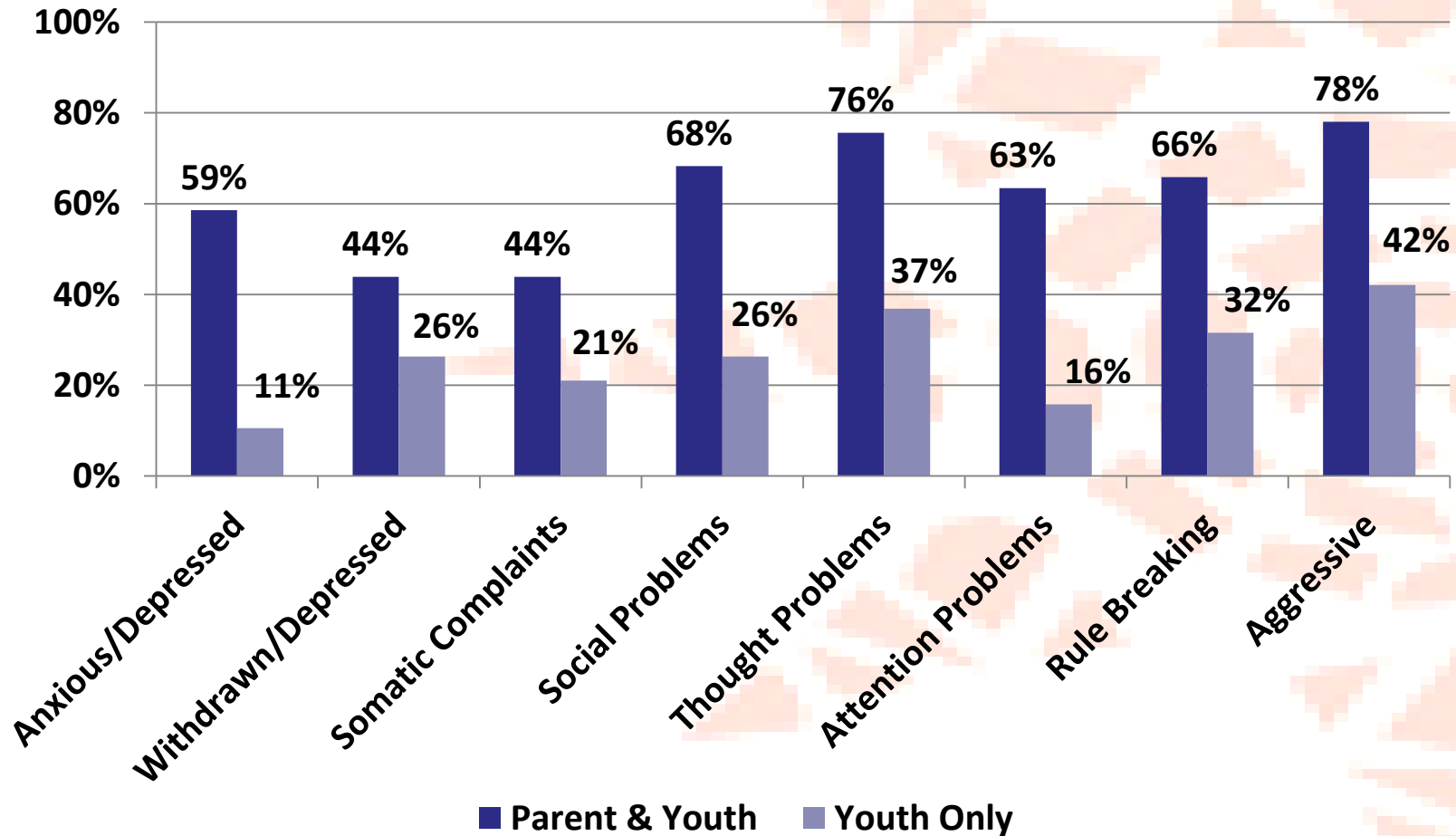*working together for a brighter tomorrow*

Effects of Intergenerational Trauma on Children/Youth
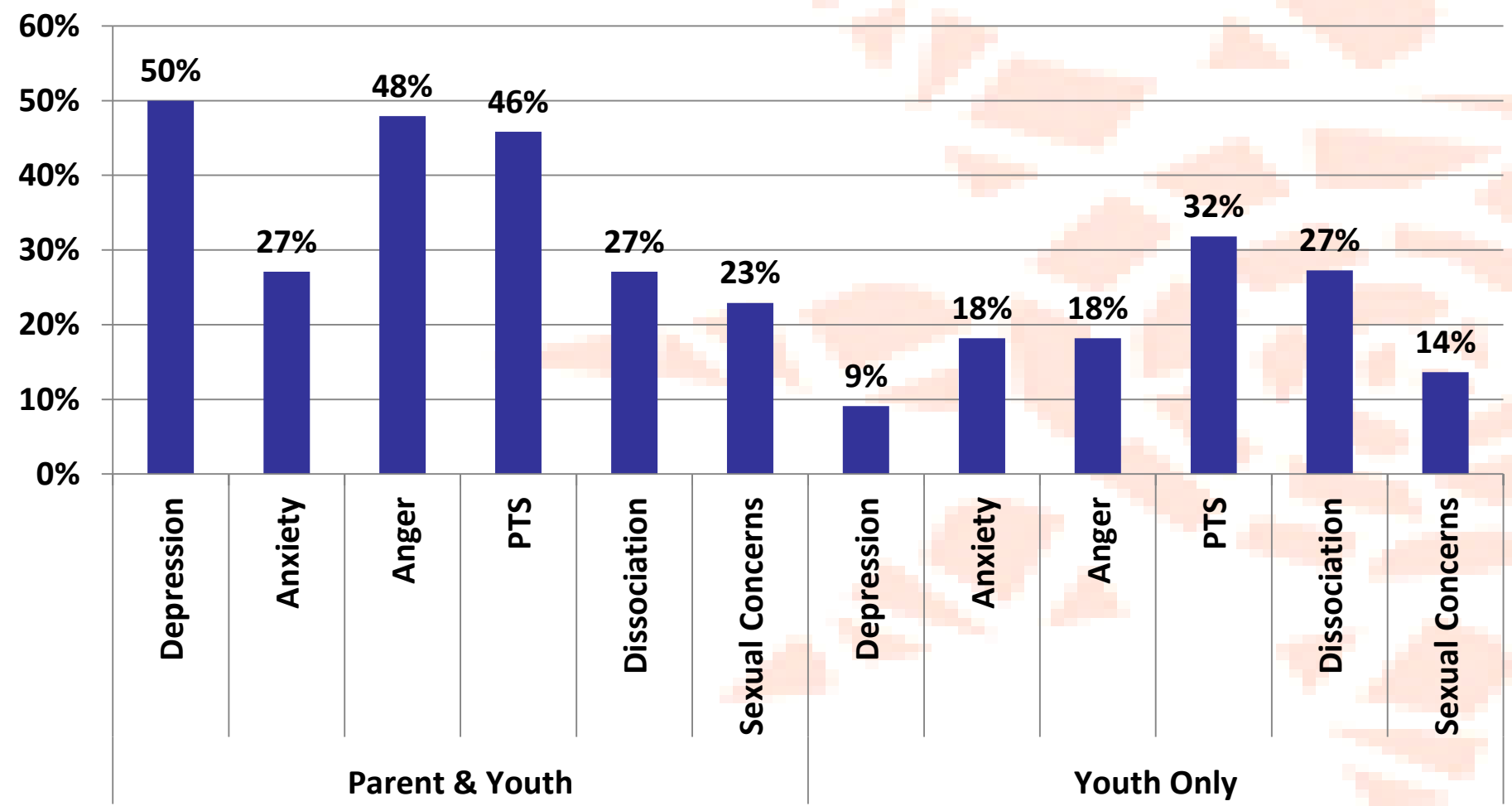
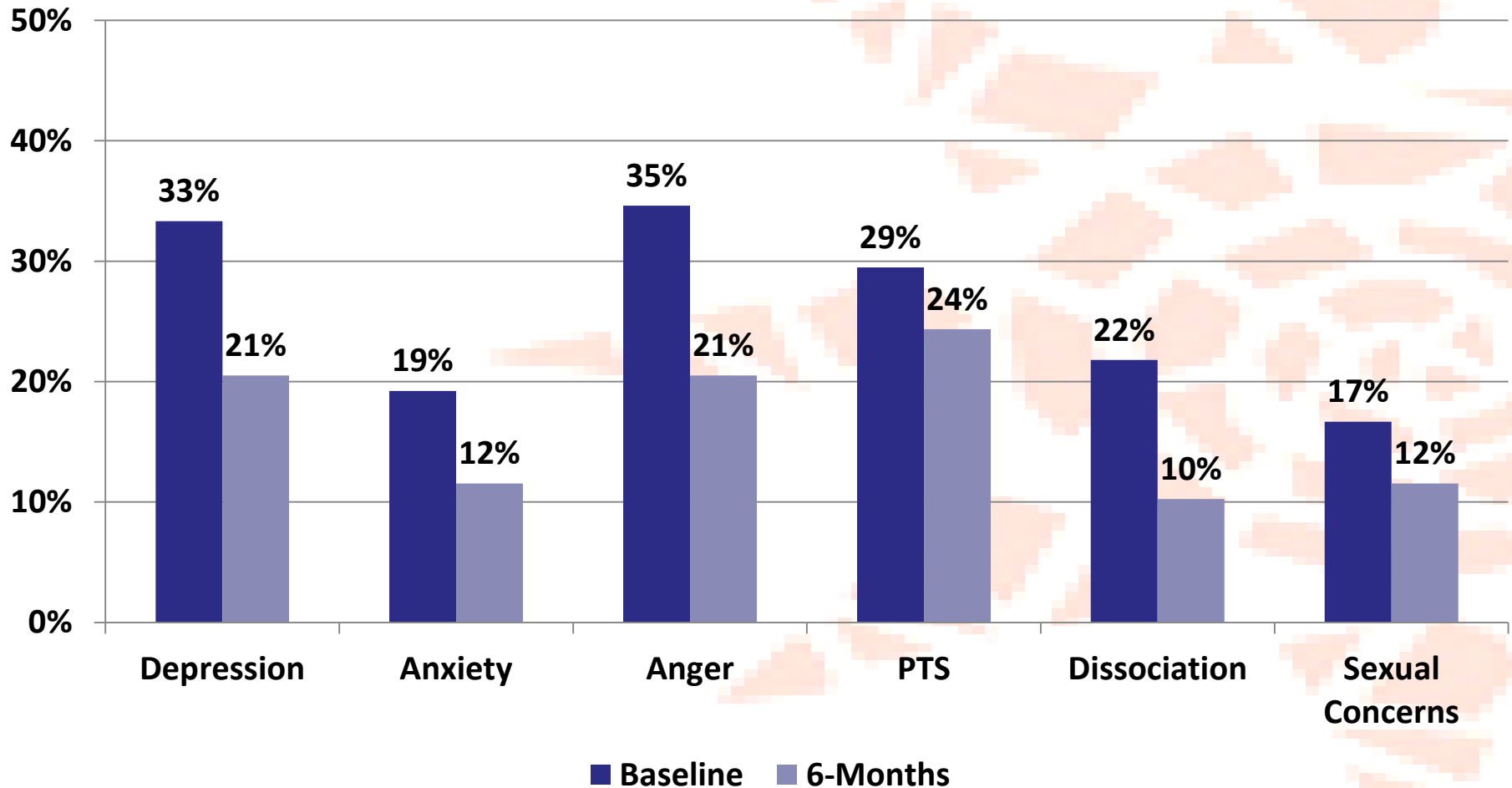*working together for a brighter tomorrow*

Effects of Intergenerational Trauma on Families

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Child/Youth Trauma Symptoms After 6 Months working with Trauma-informed Family Support

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Conclusions and Implications

- Children and youth who experience trauma and exhibit trauma-related symptoms often do not have a PTSD diagnosis.

- Trauma experiences of parents and/or primary caregivers, particularly childhood events, appear to effect youth symptoms as well as overall family functioning.

- Trauma-informed Family Peer Support appears to have a positive effect on child/youth trauma symptoms, particularly in families experiencing intergenerational trauma.
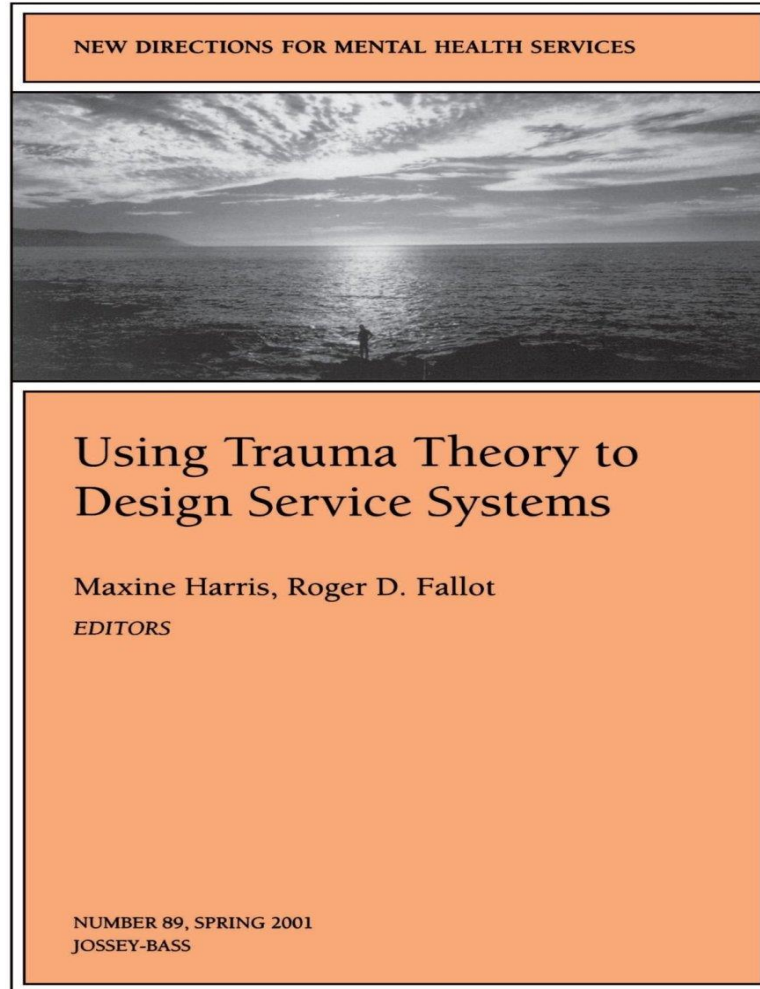
What is a Trauma-informed Organization?

Trauma-informed Theory

NEW DIRECTIONS FOR MENTAL HEALTH SERVICES

Using Trauma Theory to Design Service Systems

Maxine Harris, Roger D. Fallot

EDITORS

NUMBER 89, SPRING 2001
JOSSEY-BASS

Trauma-informed Organization

- A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings. *(Fallot and Harris)*

Trauma-informed Principles

1. **Safety**: staff and the consumers feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

2. **Trustworthiness** and transparency: organizational operations/decisions are conducted with transparency building and maintaining trust among staff, consumers, and family members of consumers.

3. **Collaboration and mutuality**: true partnering and leveling of power differences between staff and consumers and among organizational staff from direct care staff to administrators; healing happens in relationships and in the sharing of power and decision-making.

Trauma-informed Principles

4. **Empowerment:** throughout the organization and among consumers, strengths are recognized, built on, and validated and new skills developed as necessary.

5. **Voice and choice:** the organization aims to strengthen the staff's, consumers', and family members' experience of choice.

6. **Peer support and mutual self-help:** are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

7. **Resilience and strengths based:** a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

Trauma-informed Principles

8. **Inclusiveness and shared purpose:** the organization recognizes that everyone has a role to play in a trauma-informed approach;

9. **Cultural, historical, and gender issues:** the organization addresses cultural, historical, and gender issues; the organization actively moves past cultural stereotypes and biases offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

10. **Change process:** is conscious, intentional and ongoing; the organization strives to become a learning community, constantly responding to new knowledge and developments.
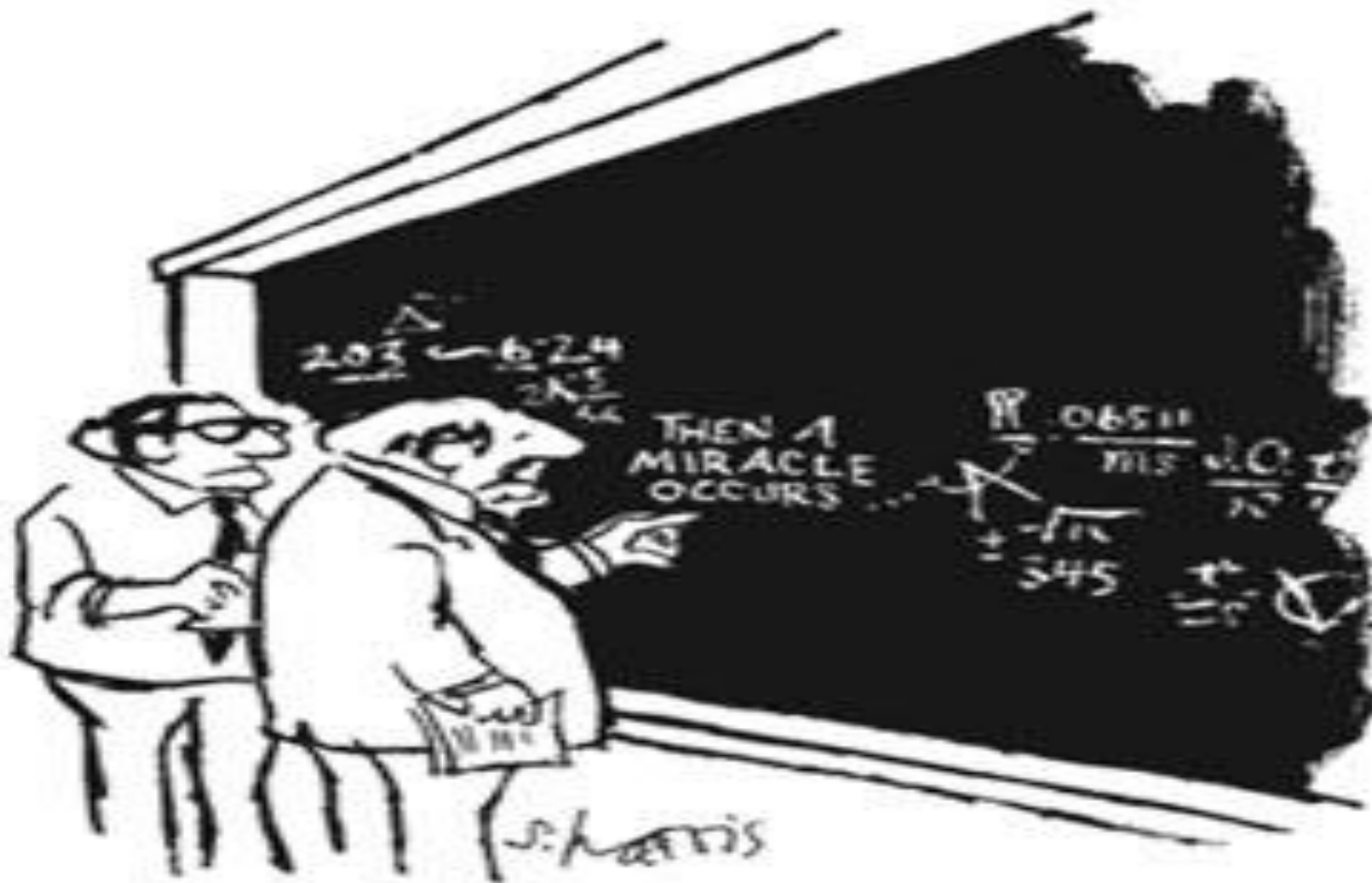
Can Agencies Change to Accommodate Trauma-informed Practice?

Putting Research into Action

"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

It's a Journey

Continuum			
Trauma Aware	**Trauma Focused Services**	**Trauma Sensitive**	**Trauma Informed**
•Didactic, individual •Cross Systems •Brain Impact •Functioning and Symptoms •Risk Factors	•Provision of Evidence Based Trauma Focused Interventions •Dependent Upon System	•Focused "awareness" at the system or agency level •Across system •System specific	•Organizational Change •Full commitment from organization •Across Systems

...and she didn't even have any data to back it up.

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someecards.com

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Why Assess?

- To begin a CQI process that will improve the entire mental health system for youth and families.

- To identify areas where agencies are doing well, and to guide next steps for making the system even more trauma-informed.

Trauma-informed Agency Assessment

- A two-pronged assessment:
  - ➢ Measures key trauma principles across 6 domains
  - ➢ Three modules gauge the level of trauma-informed approach to services from multiple perspectives
    - Agency Staff Self-Assessment
    - Family Questionnaire
    - Youth Questionnaire

Trauma Informed Principles	Defining Trauma-Informed	How to Assess Trauma Informed
Safety: physical and emotional	•To what extent do service delivery practices ensure the physical and emotional safety of families, youth and staff? •How could service and or practices be modified to consistently and effectively support safety	Physical and Emotional Safety
Collaboration: sharing in responsibilities	•To what extent do current services delivery systems maximize collaboration and share the responsibilities between providers, families and youth?	Youth and Family Empowerment
Trustworthiness: clarity , consistency	•To what extent do current service delivery practices make the task clear for families and youth? Ensure consistency in practice? Maintain boundaries, especially interpersonal ones , appropriate for the program ? •How can services be modified to ensure that tasks and boundaries are established and maintained clearly, consistently and appropriately ?	Trustworthiness
Choice: family and youth voice included in decisions made about care	•To what extent do current service delivery practices prioritize youth and family experiences of choice and control? •How can services be modified to ensure family youth voice in decision making in maximized.	Youth and Family Empowerment
Empowerment: recognizing strength and building skills	•To what extent do current services delivery prioritize youth and family empowerment, recognize strengths and build skills	Youth and Family Empowerment
Language Access and Cultural Competency: recognizing culture in the context of trauma	•To what extent do current service delivery practices consider how culture, traditions and beliefs impact youth and family wellbeing? How does culture affect someone's personal understanding of what trauma is?	Cultural Competency
Agency Support: trauma champions, training and staff support	•To what extent do staff exhibit an understanding of the above principles in their work? •To what extent does the agency support and promote trauma-informed as part of its mission and culture?	Trauma Competence Commitment to Trauma-informed Practice
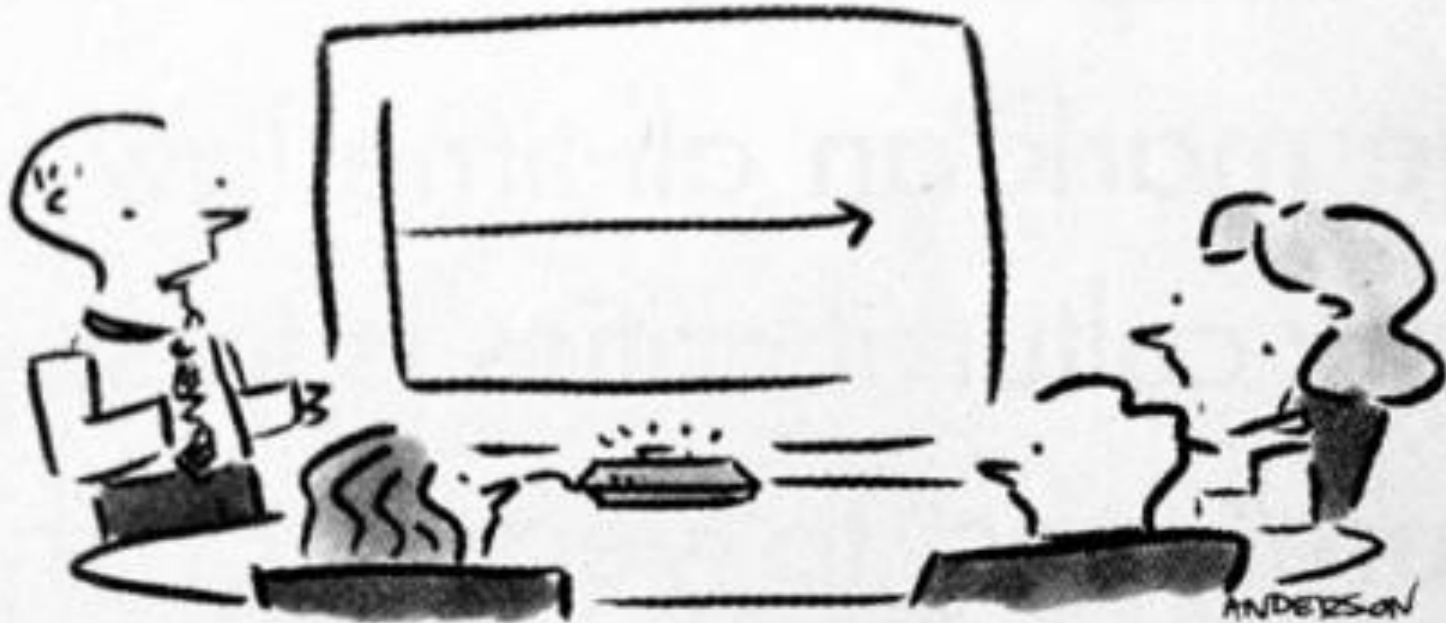
"After closer investigation, it's become clear that we need to enter more than one value."

Statewide Implementation

Cohort 1

- Original administration in Jan-Feb 2010
- **1,485** staff from 75 agencies
- **755** youth and family from 74 agencies
- Results provided to each agency in May 2010

Cohort 2

- Re-administration in July-August 2011
- **938** staff from 61 agencies
- **1,784** youth and family from 69 agencies
- Results provided to each agency in October 2011

Statewide Results (Cohorts 1 and 2)

Trauma Domain	Cohort 1			Cohort 2		
	Agency	Family	Youth	Agency	Family	Youth
I. Physical and Emotional Safety	82%	84%	77%	82%	84%	79%
II. Youth Empowerment, Choice and Control	78%	x	70%	78%	x	76%
II. Family Empowerment, Choice and Control	82%	80%	x	81%	83%	x
III. Trauma Competence	70%	85%	74%	75%	86%	79%
IV. Trustworthiness	86%	87%	77%	85%	88%	80%
V. Commitment to Trauma-informed Philosophy	65%	x	x	73%	x	x
VI. Cultural Competency and Trauma	74%	87%	79%	75%	86%	82%

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The Contract Language: Systems of Care

System of Care Principles:

17. The goal of DHHS is that Providers of Children's Behavioral Health Services are integrated in a **Trauma Informed System of Care**. Providers will promote the Federal Substance Abuse and Mental Health Services Administration's (SAMHSA) System of Care Principles of 1) Family Driven, 2) Youth Guided, and 3) Culturally and Linguistically Competent care. These three System of Care Principles are described at http://systemsofcare.samhsa.gov/.

18. An additional principle for a Maine's Children's Behavioral Health System of Care is that it is **Trauma Informed**.

19. By January 1, 2010, the Provider shall administer a system of care self **Assessment Tool** approved by the Department that addresses the principles referenced in paragraphs 18 and 19 herein.

20. By January 1, 2011, Provider, in collaboration with Children's Behavioral Health Services, will include in its **Quality Improvement Plan** developed under Rider "A" areas of need identified by the Assessment Tool and plans to meet those needs

www.maine.gov/dhhs/purchased-services/contract-2010/rider-e/RIDER-E-CS.pdf

Using data to make decisions.
What a novel idea.

Statewide CQI Plan for Systems of Care

Conduct TIAA Assessment

Agency and DHHS Review Results

Additional Technical Assistance (as needed)

Implement CQI Plan / Plan Do Study Acts

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Prioritize Areas of Need

Technical Assistance from THRIVE

Guidance from DHHS Regional Coordinators

Continuous Quality Improvement Plan to DHHS
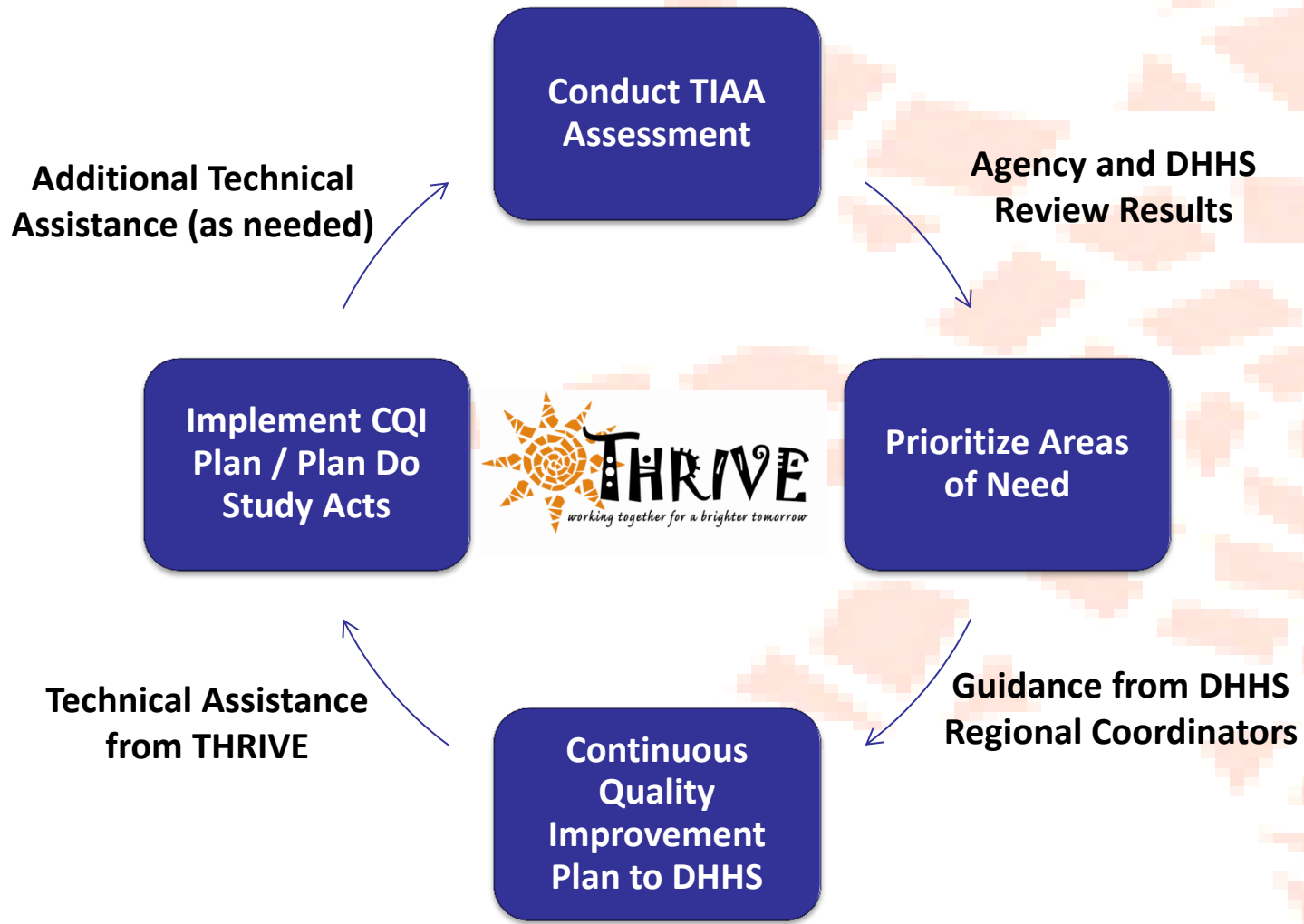
Sample Agency Report

Trauma-informed Domain	Agency Results			Statewide Results		
	Agency (N = 107)	Family (N = 50)	Youth (N = 24)	Agency	Family	Youth
I. Physical and Emotional Safety	73%	83%	73%	82%	84%	77%
II. Youth Empowerment, Choice and Control	78%	x	66%	78%	x	70%
II. Family Empowerment, Choice and Control	80%	77%	x	82%	80%	x
III. Trauma Competence	75%	81%	74%	70%	85%	74%
IV. Trustworthiness	84%	83%	76%	86%	87%	77%
V. Commitment to Trauma-informed Philosophy	73%	x	x	65%	x	x
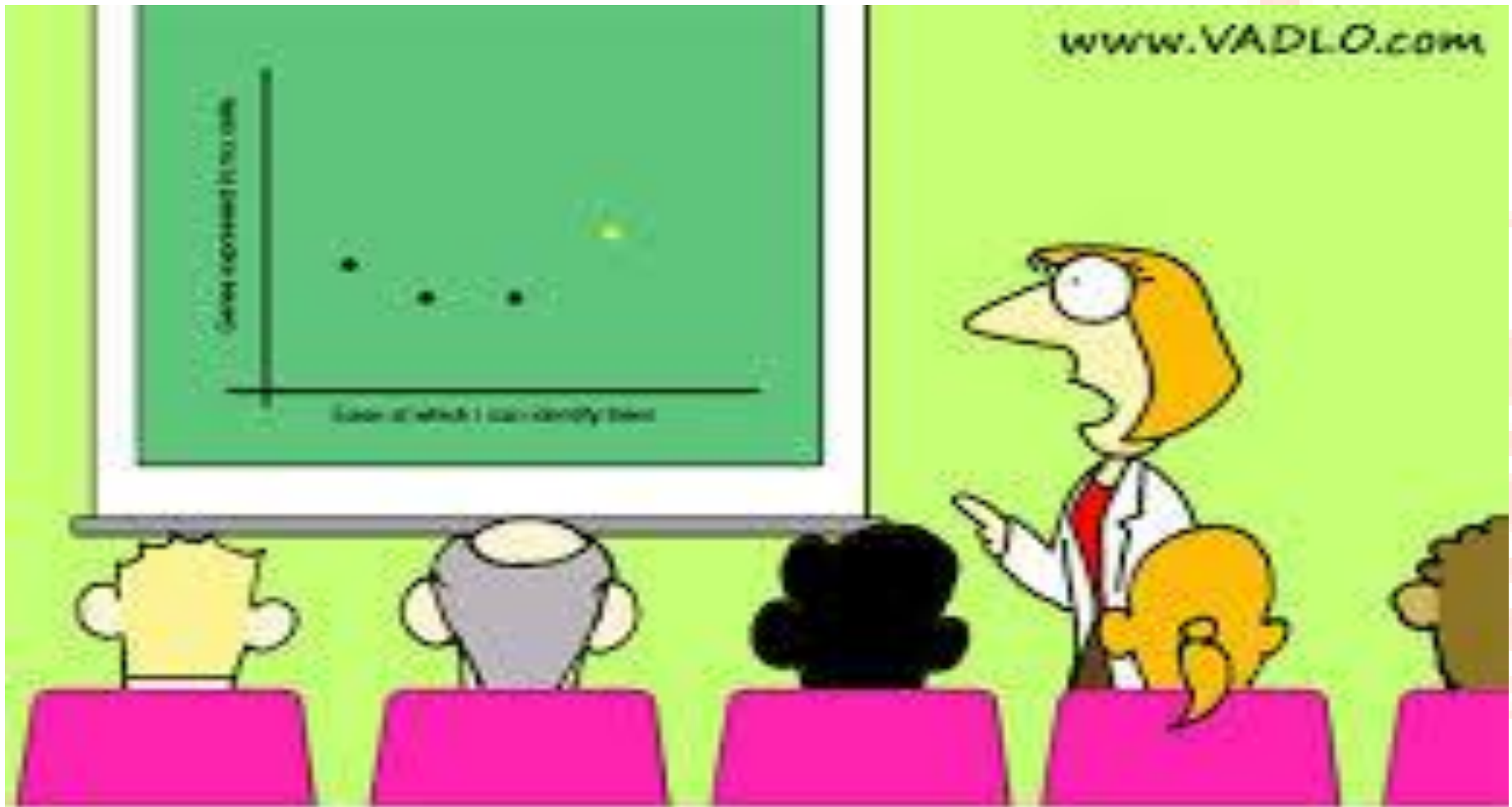
"Same graph as last year, but now I have an additional dot."

What about State Systems?

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Learning Collaboratives

- Trauma-informed "train the trainer" for agencies

- Evidence Based treatments
  - ➢ Trauma Focused Cognitive Behavioral Therapy
  - ➢ Child Parent Psychotherapy
  - ➢ Multisystemic therapy
  - ➢ TARGET

Two examples

- **Child Welfare:**
  - NCTSN Child Welfare Toolkit
  - Screening for Trauma
  - Trauma-informed supervision
  - Assessing Child Welfare with their own trauma-informed assessment
  - Available treatment (effective and TI)
  - Peer Support

- **Juvenile Justice:**
  - NCTSN Trauma Think
  - Screening for Trauma
  - National Performance Based Standards (PbS) to assess trauma-informed domains
  - Available treatment (effective and TI)
  - Peer Support

Role for Family and Youth Advocacy Organizations

- Family Organization:
  - ➤ Used the data to offer training on Adverse Childhood Experiences and Resiliency
  - ➤ Brochure Language changed to include trauma
  - ➤ Collecting data on intergenerational trauma
  - ➤ CQI committee co-chaired with youth

- Youth Organization:
  - ➤ Restorative Practices
  - ➤ Youth Court
  - ➤ Advisory Roles at State
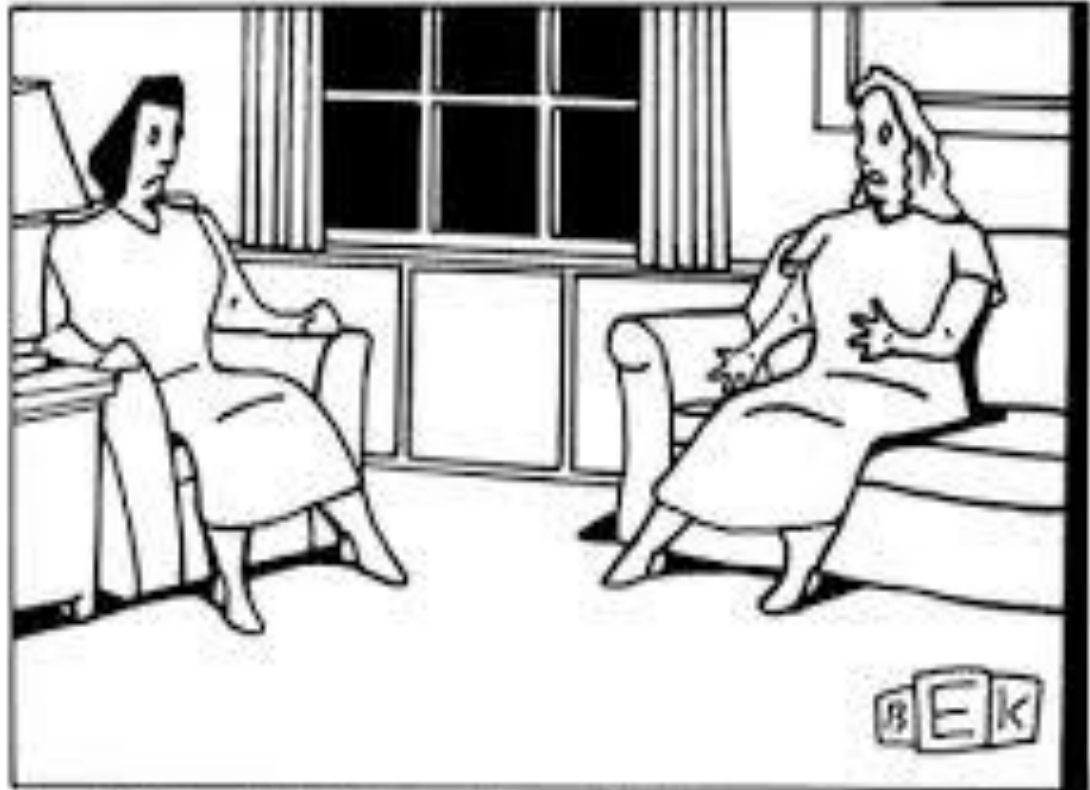 - ➤ Involved in setting performance measures for contracts and reviewing CQI plans

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Indiana Example!

Conclusion

What do our Families, Youth and Providers Report

- Providers:
  - ➢ Healthier work environment
  - ➢ Better use of training resources
  - ➢ Improved outcomes

- Families:
  - ➢ Topic is no longer taboo
  - ➢ Less blame and shame
  - ➢ Peer support invaluable

- Youth:
  - ➢ You still have lots more to do!

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"Together we can build a bridge"

Good Luck On Your Trauma-Informed Journey!