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# Trauma-Informed Practice

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## Why is this Important?

**“The research is clear that the experience of abuse or neglect leaves a particular traumatic fingerprint on the development of children that cannot be ignored if the child welfare system is to meaningfully improve the life trajectories of maltreated children, not merely keep them safe from harm.”**

- Bryan Samuels, Commissioner for the Administration on Children, Youth and Families,  
Testimony to House Ways and Means Subcommittee on Human Resources, Congress on 6/16/2011

<https://vimeo.com/103538479>



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# What Does This Mean?

**Building Trauma Informed Practice requires a paradigm shift :**

- **NOT “WHAT’S WRONG WITH YOU?” BUT “WHAT HAPPENED TO YOU?”**
- **SYMPTOMS ARE ADAPTATIONS.**





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# The Three E's of Trauma

- **Events** and circumstances that pose a real or perceived threat to child or someone close to them
- The individual's **experience** of these events or circumstances helps to determine whether it is a traumatic event
- The long lasting adverse **effects** on an individual are the result of the individual's experience of the event or circumstance.





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# Types of Trauma

**ACUTE TRAUMA** is a single traumatic event that is limited in time.

Some examples of acute trauma are:

- An auto accident
- A violent event in the community, such as a shooting
- A natural disaster such as a flood or a hurricane
- A sudden loss of someone the child cares about
- An assault



When a child experiences acute trauma, he or she may experience a range of emotions and physical reactions that are frightening and overwhelming.



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# Types of Trauma

**CHRONIC TRAUMA** occurs when children experience multiple traumatic events.

These may be multiple and varied events, such as:

- a child being exposed to domestic violence, involved in a car accident, and then becoming a victim of community violence, or
- longstanding trauma such as physical abuse, neglect, or war







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# Historical Trauma

**Historical trauma is the cumulative exposure to traumatic events that not only affect the individual exposed, but continue to affect subsequent generations.**

Examples:

- Legacy of slavery among African Americans
- Impact of massacres, removal from homelands, and forced boarding school placements for American Indians and Alaskan Natives



**Historical trauma can increase the impact of present-day trauma for a family in the child welfare system especially when actions (like removal of children) serve as triggers or reminders of the historical trauma for parents and family members.**



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# Types of Trauma

**COMPLEX TRAUMA** refers to both:

- exposure to chronic trauma (usually by an adult caregiver) and
- the impact the chronic trauma has on a child's life and developing systems.

A child who has complex trauma has experienced multiple traumatic events, often from early childhood. **This can have a profound impact on nearly every aspect of the child's development and ability to function normally.**







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Most children who become involved in the child welfare system have likely had multiple exposures to trauma.



## UNIVERSAL PRECAUTIONS APPROACH

The prevalence of trauma is so high that child welfare workers should assume that everyone they serve has a trauma history. (Hodas, 2004)



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# What is Child Traumatic Stress?

Child traumatic stress is the **physical and emotional response** a child has to events that pose a threat to the child or someone important to them.

When a child experiences trauma, the child may:

- be unable to cope
- have feelings of terror and powerlessness
- experience physiological arousal they cannot control.





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# How A Child Responds to Stress and Trauma

The impact of a potentially traumatic event depends on several factors including:

- Child's age and developmental level
- Child's perception of the danger
- Whether the child was the victim or a witness
- Child's relationship to the victim or perpetrator
- Adversities faced by child following the trauma
- Previous trauma the child has experienced
- Presence of adults who can offer help and protection





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# Effects of Trauma on Children

Children who have suffered trauma are impacted in the following areas:

- Attachment
- Physical and Psychological Development
- Mood Regulation
- Behavioral Control
- Cognition
- Self- Concept





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# Effects of Trauma on Children

Maladaptive coping strategies can lead to behaviors including:



- Sleeping, eating, or elimination problems
- High activity levels, irritability, or acting out
- Emotional detachment, unresponsiveness, distance, or numbness
- Hyper-vigilance, or feeling that danger is present even when it is not
- Increased mental health issues (e.g. depression, anxiety)
- An unexpected and exaggerated response when told “no”



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# Adverse Childhood Experiences

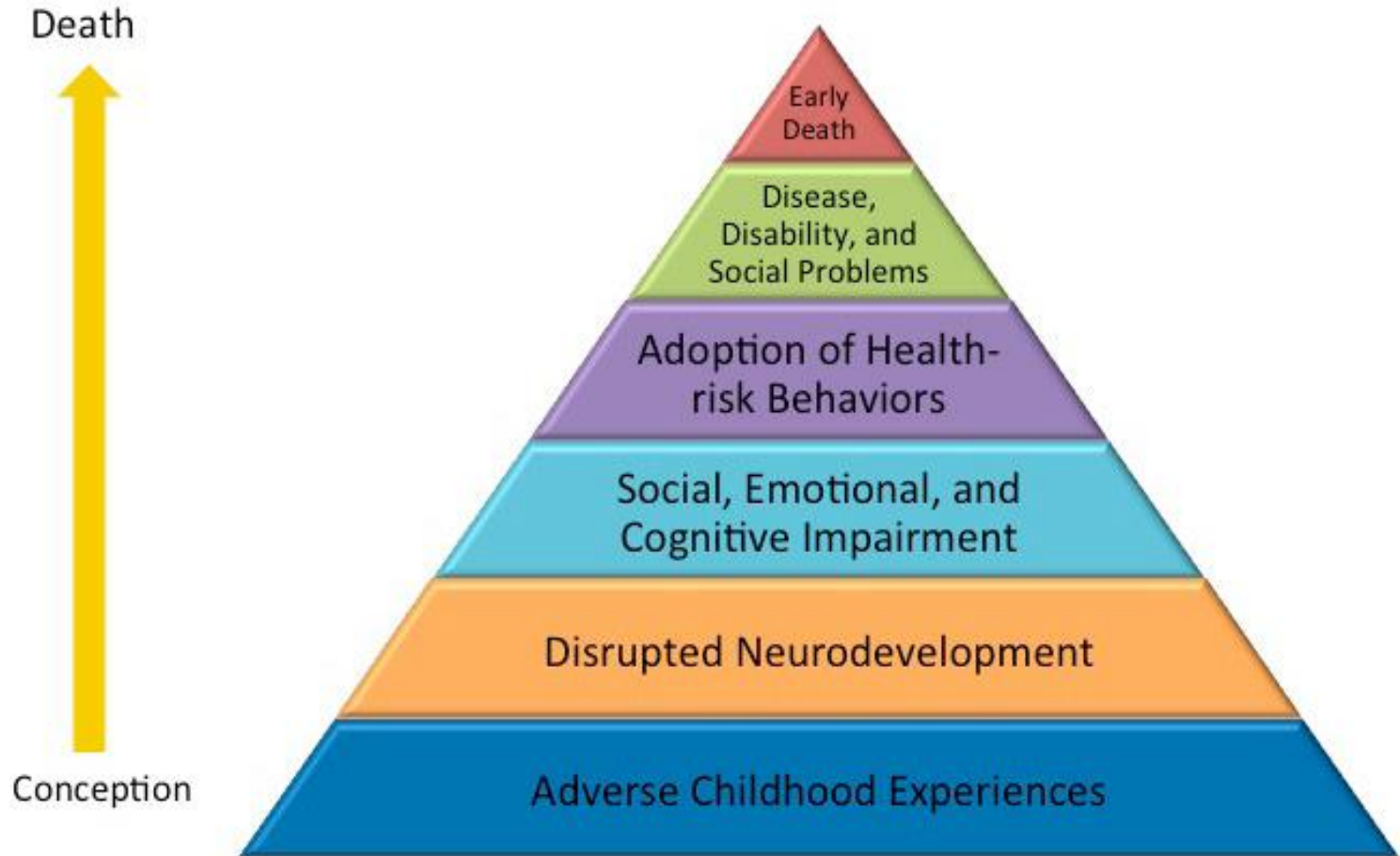
- Emotional abuse
  - Physical abuse
  - Sexual abuse
  - Emotional neglect
  - Physical neglect
- Household dysfunction:
- Mother treated violently
  - Household substance abuse
  - Household mental illness
  - Parental separation/divorce
  - Incarcerated household member





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# Long Term Trauma Impact- ACE Pyramid (CDC)



Mechanisms by Which Adverse Childhood Experiences Influence  
Health and Well-being Throughout the Lifespan



# Long Term Impact- ACE Pyramid (CDC)

## Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



## Impact on Child Development

- Neurobiological Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
  - Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



## Long-Term Consequences

### Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

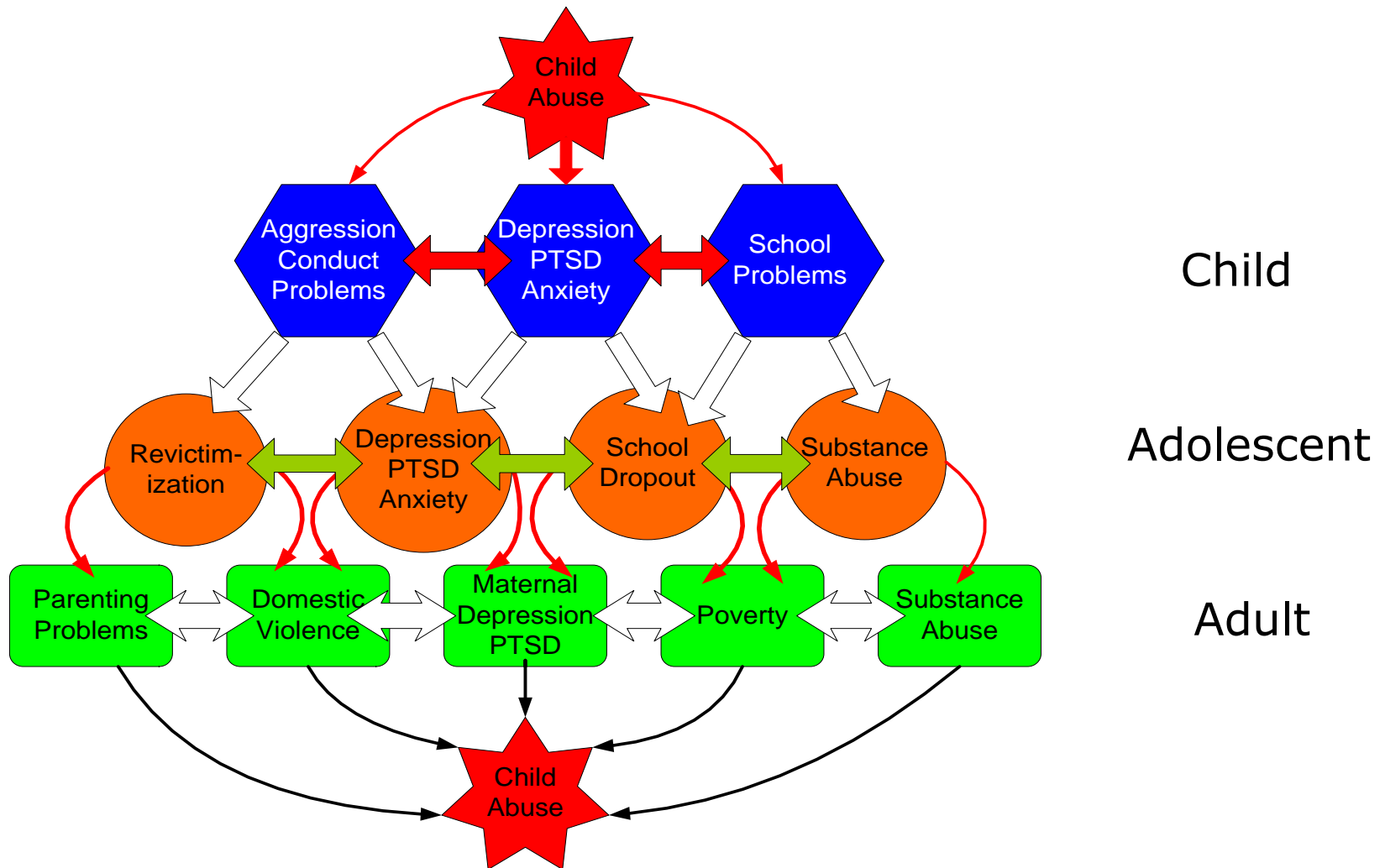
### Social Problems

- Homelessness
  - Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
  - Family violence
- High utilization of health and social services



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# Intergenerational Transmission of Child Maltreatment





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# Childhood Trauma and PTSD

Children who have experienced chronic or complex trauma may be diagnosed with Post Traumatic Stress Disorder (PTSD).

Key symptoms of PTSD include:

- The child re-experiences the trauma (typically through flashbacks and nightmares)
- The child will avoid stimuli associated with the trauma
- The child may disengage from their emotions (may lose interest in things they used to like to do)
- The child may have physical symptoms for no medical reason (stomach aches, headaches, etc.)
- The child may be more hyper vigilant (startle easily)





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# Childhood Trauma and Other Diagnoses

Other common diagnoses for children in the child welfare system include:

- **Attention deficit hyperactivity disorder**
  - **Oppositional defiant disorder**
  - **Conduct disorder**
  - **Bipolar disorder**
  - **Reactive attachment disorder**
- These diagnoses generally do not capture the full extent of the developmental impact of trauma.
  - Symptoms leading to these diagnoses may in fact be a child's reaction to a trauma reminder (which can result in withdrawn, aggressive, reckless or self-injurious behaviors).
  - Many children with these diagnoses have a complex trauma history.





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# Trauma & Psychotropic Medication Among Children in Child Welfare

- Higher rates of psychotropic medication<sup>1</sup>
- Higher rates of medication among older children, boys, those with behavior problems, and children in group homes<sup>1</sup>
- Children with complex needs may be prescribed multiple medications and/or higher than recommended dosages<sup>2</sup>
- There may be increased rates of psychotropic use with young children, especially those in foster care<sup>3</sup>



<sup>1</sup> Raghavan, R., Zima, B. T., Anderson, R. M., Leibowitz, A. A., Schuster, M. A., & Landsverk, J. (2005). Psychotropic medication use in a national probability sample of children in the child welfare system. *Journal of Child and Adolescent Psychopharmacology*, 15(1), 97.

<sup>2</sup> Raghavan, R., & McMillen, J. C. (2008). Use of multiple psychotropic medications among adolescents aging out of foster care. *Psychiatric Services*, 59(9), 1052-1055.

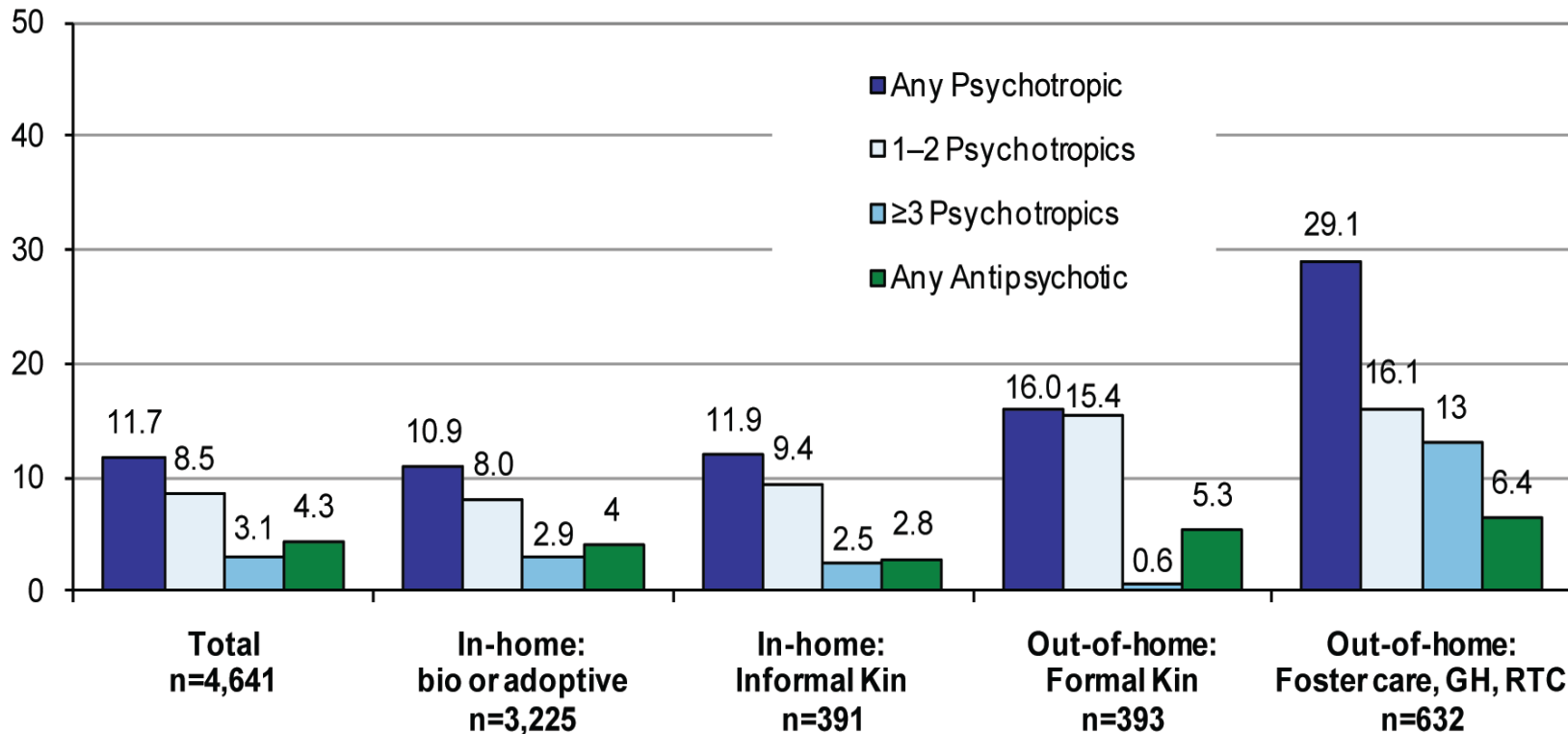
<sup>3</sup> U.S. Government Accountability Office. (2011). Foster children: HHS guidance could help states improve oversight of psychotropic prescriptions. Retrieved from <http://www.gao.gov/assets/590/586570.pdf>





# Trauma & Psychotropic Medication Among Children in Child Welfare

**NSCAW II: Percentage of Children Reported to Be Using One or More Psychotropic Medications,  
by Type of Placement<sup>a</sup>**





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# Trauma & Psychotropic Medication Among Children in Child Welfare

- Three reasons to use medications:
  - Provide symptom relief for psychiatric conditions that have medication targets
  - Improve functioning by relieving symptoms
  - Reduce high-risk symptoms (e.g., suicidality, psychosis)



Note: If the medication works, the child or teen is better able to engage in other interventions; however, underlying trauma issues need to be addressed in therapy for long-term improvements to occur.



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# Trauma & Psychotropic Medication Among Children in Child Welfare

## ■ Caution:

- Medications should be used cautiously with children and teens who have been exposed to trauma
- Medications should only be used after a comprehensive medical and psychiatric history
- When trauma exposure is not thoroughly assessed, youth may be misdiagnosed and improperly medicated, resulting significant side effects (for which more medication may be prescribed).





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# Trauma and the Brain

Trauma often has a profound impact on the development of a child's brain, brain chemistry, and nervous system.

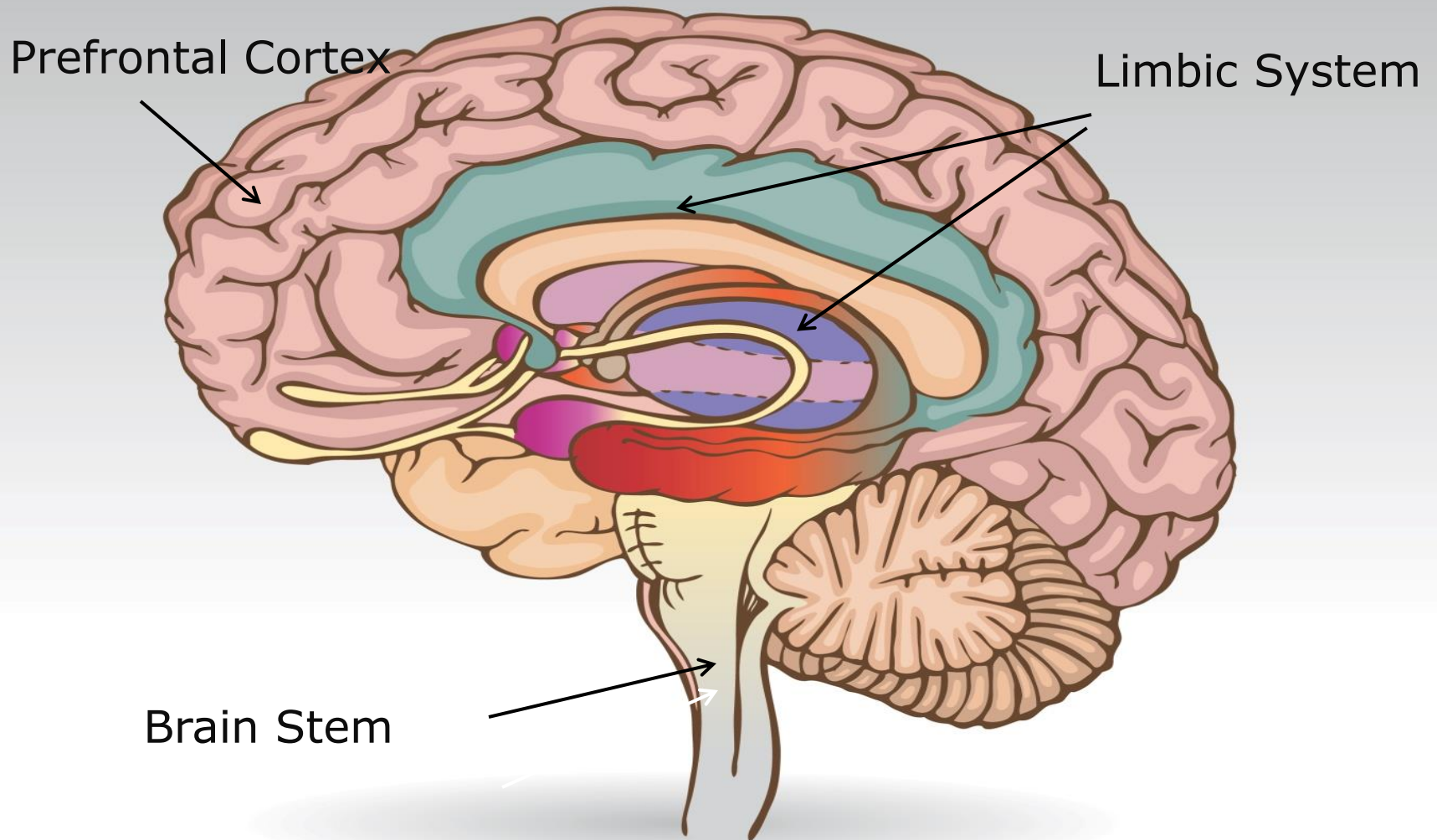
- Trauma-induced alterations in biological stress systems can adversely affect brain development.
- Trauma-exposed children and adolescents display changes in their levels of stress hormones similar to those seen in combat veterans.





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# Trauma and the Brain (Cont'd)

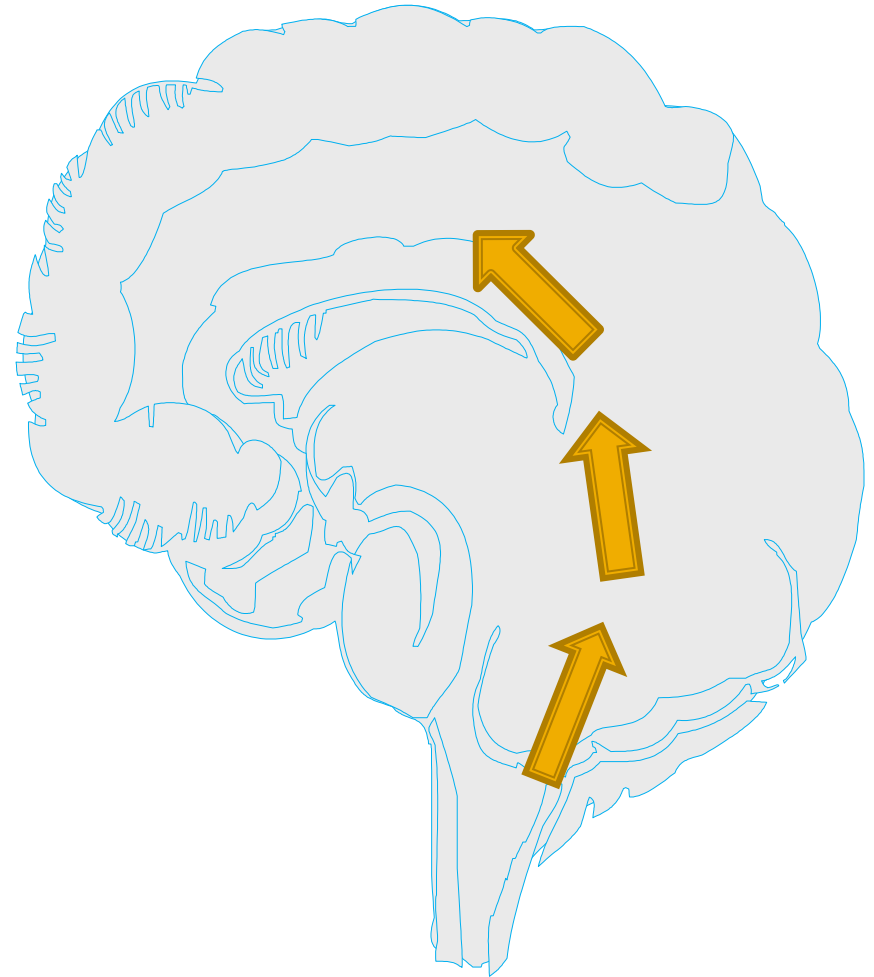




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## Trauma and the Brain (Cont'd)

- Brain development happens from the bottom up:
  - From primitive (basic survival: brainstem)
  - To more complex (rational thought, planning, abstract thinking: prefrontal cortex)



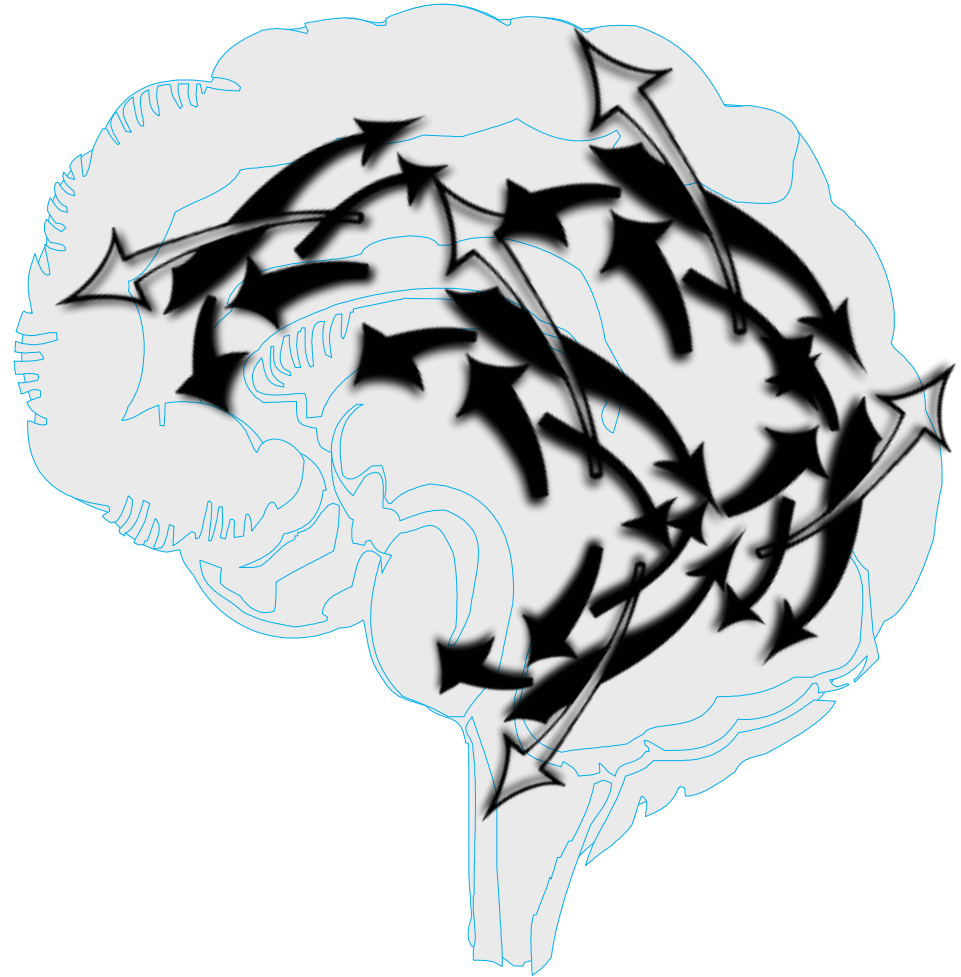




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## Trauma and the Brain (Cont'd)

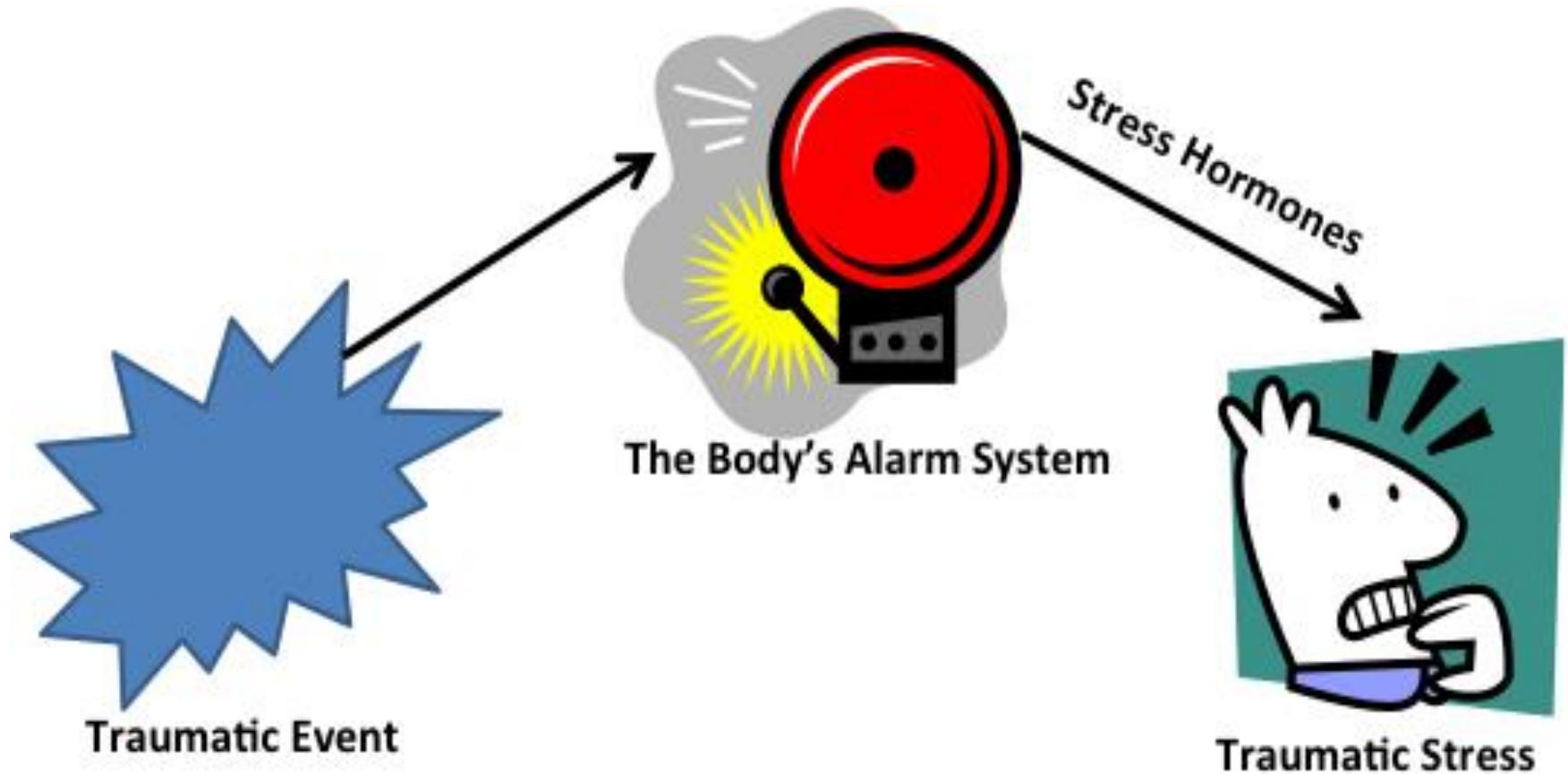
- The brain develops by forming connections.
- Interactions with caregivers are critical to brain development.
- The more an experience is repeated, the stronger the connections become.





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# Traumatic Stress Response Cycle

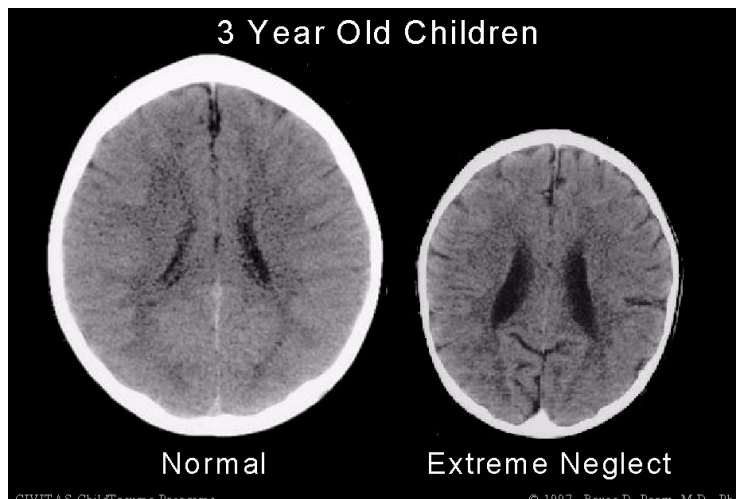




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## Trauma and the Brain (Cont'd)

In **early childhood**, trauma can reduce the size of the cortex, which is responsible for complex functions such as including memory, attention, perceptual awareness, thinking, language, and consciousness.



To the left is a CT scan of two 3-year-old children. The image on the left is that of a healthy child and represents a normal brain. The image on the right is the image of a severely neglected child. Notice the difference in size. The cortex is significantly smaller which contributes to reduced gross motor abilities and maladaptive development.



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## Trauma and the Brain (Cont'd)

- 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 child 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





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# Trauma and the Brain (Cont'd)

- 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





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# Adults and Trauma

The focus of this training has been on Child Traumatic Stress and how trauma affects a child. It is important to keep in mind that traumatized children may become traumatized adults.

When childhood trauma is not resolved, individuals may continue to live in a state of fear and helplessness. If a child does not receive successful intervention for trauma, they are more susceptible to long-term effects.







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# Practice Implications: The Three R's

A system that is **TRAUMA-INFORMED**:

- **Realizes** the widespread prevalence & impact of trauma
- **Recognizes** effects, signs, and symptoms in clients and staff
- **Responds** by fully integrating knowledge about trauma and healing into policies, procedures, practices, and settings.

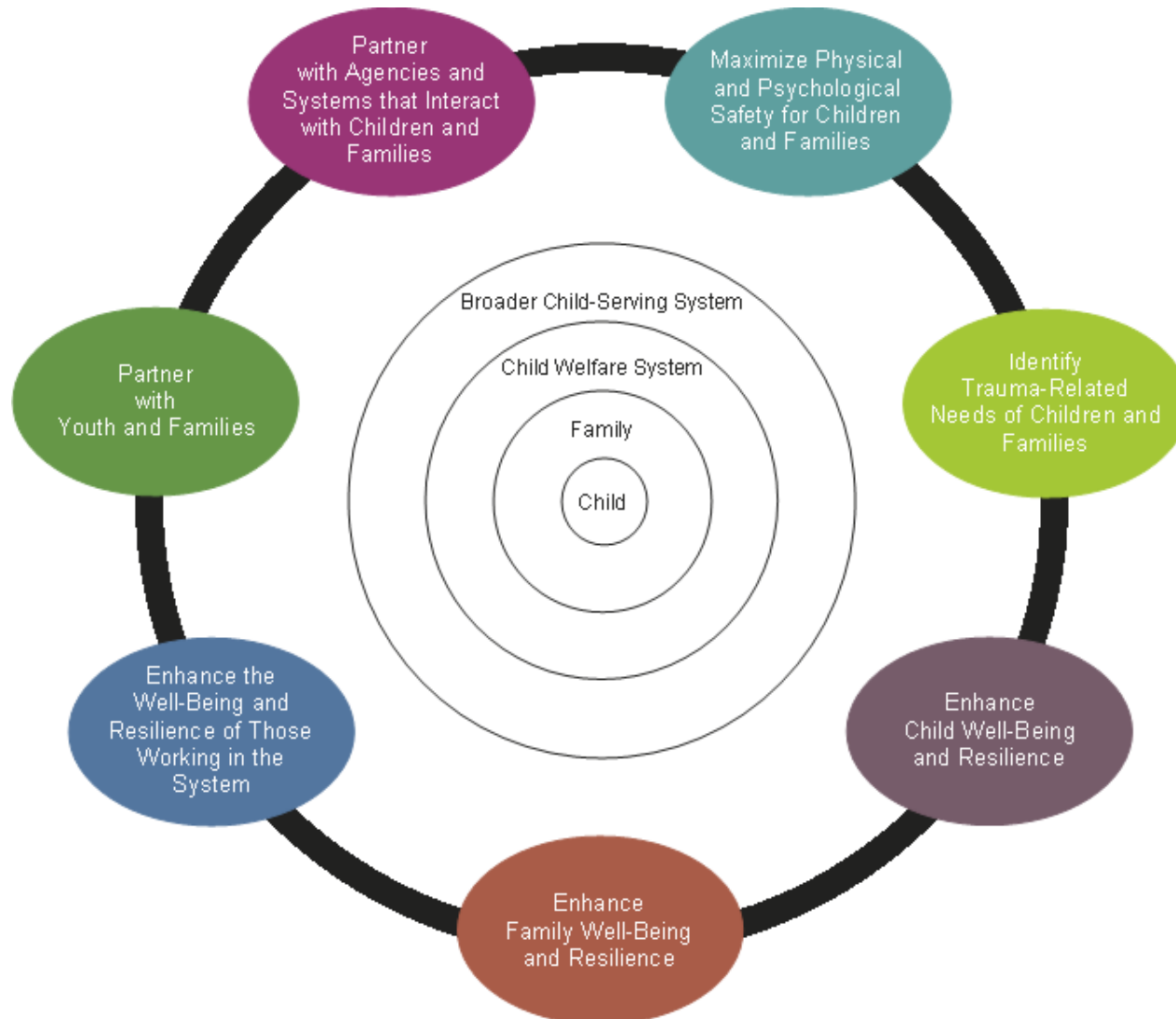
[http://www.youtube.com/watch?v=3EyvaEkoKk&list=PLDuKXsqp\\_Gdau87\\_vA3hyNy1XzWkuwGF&index=2&spfreload=10](http://www.youtube.com/watch?v=3EyvaEkoKk&list=PLDuKXsqp_Gdau87_vA3hyNy1XzWkuwGF&index=2&spfreload=10)







# Trauma Informed Approach





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# ESSENTIAL ELEMENT 1 – Maximize Physical and Psychological Safety for Children and Families

## Agency strategies

- Create policies and practices that maximize psychological safety for children and families, especially during key transition points.
- Provide training for all staff on how to interact with children and families in a way that enhances their physical and psychological safety.  
(This may include training on trauma triggers and reenactment behaviors to increase staff's understanding of children's and families' reactions.)



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## ESSENTIAL ELEMENT 2 – Identify Trauma-Related Needs of Children and Families

### Agency strategies

- Collect information about trauma experienced by children and their families and use this aggregate information to develop policies, supports, and other resources.
- Consider policies that promote **universal trauma screening** for children and families served by the child welfare system.
- Promote use of evidence-based assessment tools such as the *Child Welfare Trauma Referral Tool* (youth) *or Life Events Checklist* or the *Trauma Recovery Scale* (adult)



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## ESSENTIAL ELEMENT 3 – Enhance Child Well-Being and Resilience

### Agency strategies

- Promote policies that support continuity in children's relationships, such as placing them with kin and in their own communities.
- Understand the child welfare worker's role as a potential attachment figure and, when possible, try to minimize changes in caseworkers.
- Ensure that all children who have been traumatized have access to evidence-based trauma treatments and services.
- Partner with health, mental health, education, and other community providers to enhance child resilience and well-being in the aftermath of trauma.

**COLLABORATIVE APPROACH IS ESSENTIAL!**



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## ESSENTIAL ELEMENT 4 – Enhance Family Well-Being and Resilience

### **Agency strategies**

- Work with the organizations that provide licensing training to resource parents (and group home staff) to ensure that initial and ongoing training includes education on trauma and its impact as well as trauma-informed parenting skills.
- Adopt and implement child welfare policies and procedures to address primary and secondary trauma among parents and caregivers.
- Work with partner agencies to ensure that support services for families are trauma-informed.
- Work to remove administrative barriers to communication and collaboration to ensure that parents and substitute care providers have the information they need to care for and meet the child's needs.



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## ESSENTIAL ELEMENT 5 – Enhance the Well-Being and Resilience of Those Working in the System

### Agency strategies

- Provide routine training, education, and support to all staff about secondary traumatic stress and how to recognize and manage their reactions.
- Acknowledge that secondary trauma is an occupational hazard, and promote open discussion of secondary traumatic stress among agency staff.

“It’s not the load that breaks us down...it’s the way we carry it.” Anonymous





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## ESSENTIAL ELEMENT 5 – Enhance the Well-Being and Resilience of Those Working in the System

### Agency strategies

- Review recruitment and hiring practices with a focus on building resilience, professional training, and preparedness.
- Provide regular safety training for all workers.
- Have sufficient release time and a safe physical space for workers.
- Use self-assessment measures to evaluate the impact of secondary trauma exposure on child welfare workers.
  - *Professional Quality of Life Scale*
  - *Secondary Traumatic Stress Scale*





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## ESSENTIAL ELEMENT 5 – Enhance the Well-Being and Resilience of Those Working in the System (continued)

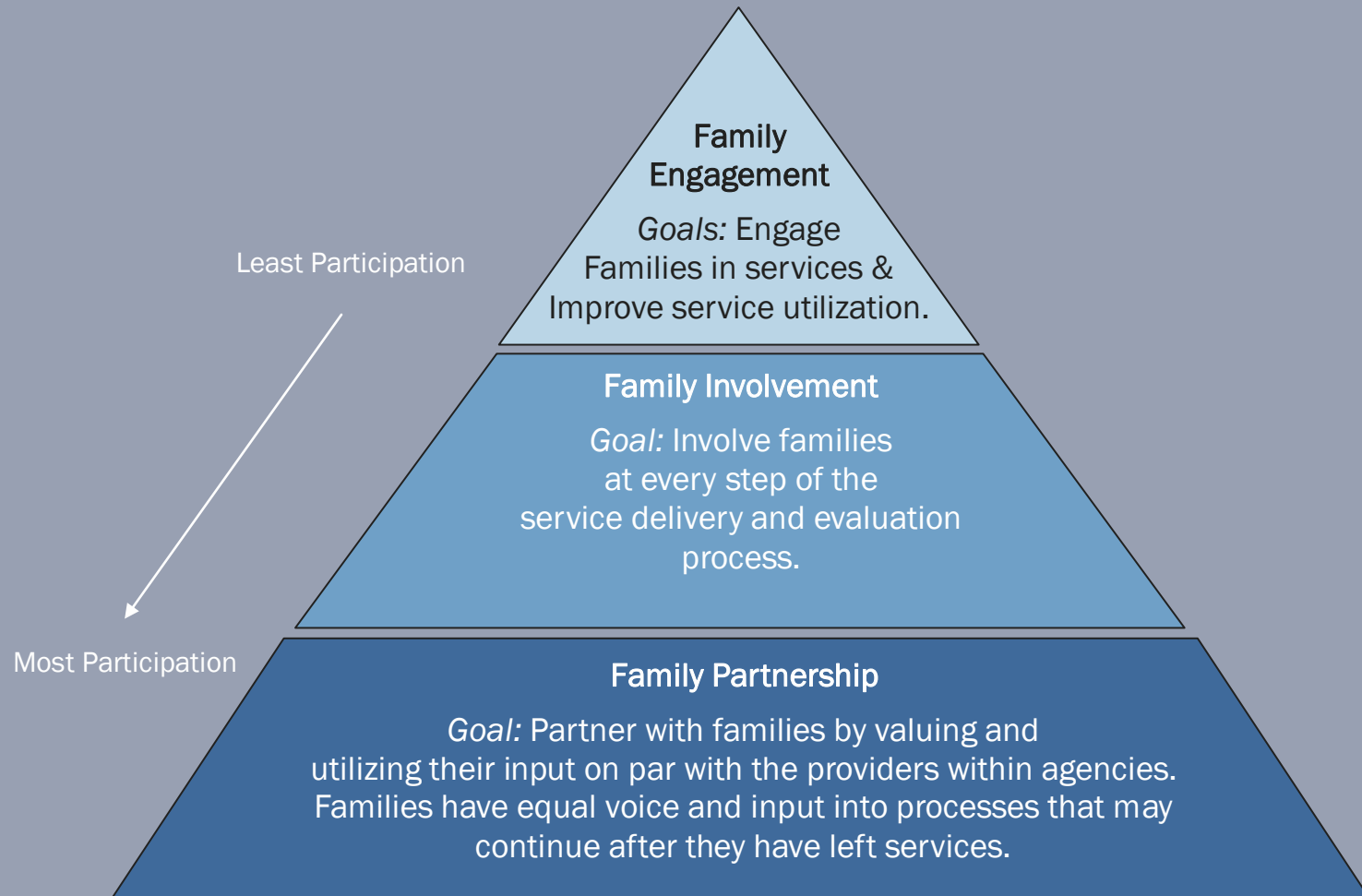
### **Agency strategies**

- Consider agency policies that may exacerbate secondary trauma (e.g., agency response to high-stress events) and how policies can be amended to enhance staff resilience.
- Ensure that peer and professional counseling resources (such as Employee Assistance Program) are available to staff at all times (not only after a crisis).
- Cultivate a workplace culture that normalizes (and does not stigmatize) getting help for work-related stress.



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## ESSENTIAL ELEMENT 6 – Partner with Youth and Families





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## ESSENTIAL ELEMENT 6 – Partner with Youth and Families

### **Agency strategies**

- Actively involve youth and families in programming.
- Involve youth and family members in developing and delivering staff and community trainings.
- Invite youth and family members to participate on Advisory Committees and other types of committees as equal partners.
- Conduct focus groups with youth, alumni of care, resource parents, and birth parents to get a better idea of their perspectives on the system and to gather suggestions for how to become more trauma-informed.



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## ESSENTIAL ELEMENT 6 – Partner with Youth and Families

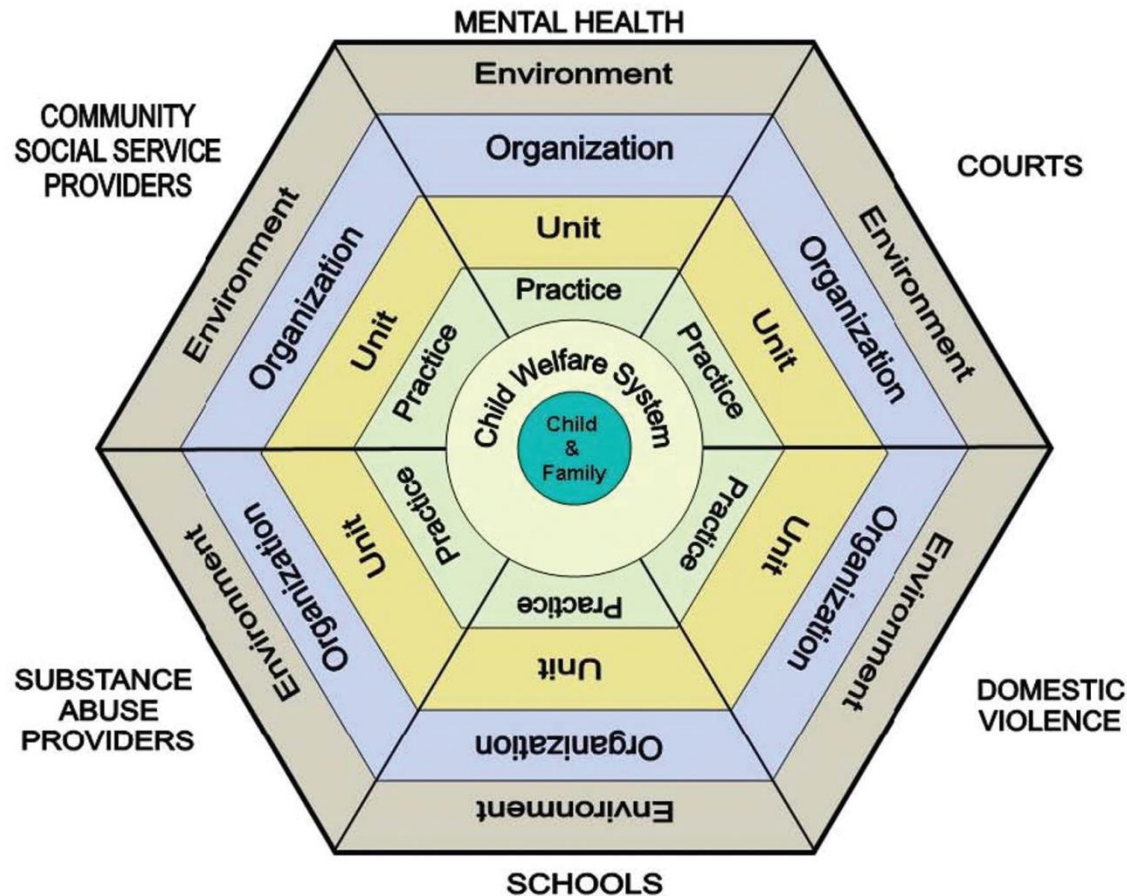
### **Agency strategies**

- Administer confidential surveys to consumers to gain their input on services.
- Provide formal recognition for the accomplishments of youth and families in the organization.
- Assess your own practice and conduct agency self-assessments to evaluate how well you partner with youth and families.



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# ESSENTIAL ELEMENT 7 – Partner with Agencies and Systems That Interact with Children and Families





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## ESSENTIAL ELEMENT 7 – Partner with Agencies and Systems That Interact with Children and Families

### **Agency strategies**

- Establish strong partnerships with other child- and family-serving systems.
- Establish interagency coordination agreements.
- Partner with the mental health system to develop and support community capacity for trauma-informed mental health assessment and treatment.
- Engage in cross-training on trauma and its impact on other child-serving systems.
- Develop joint protocols regarding child and family trauma and collaborative services that promote resilience.



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## ESSENTIAL ELEMENT 7 – Partner with Agencies and Systems That Interact with Children and Families

### **Agency strategies**

- Conduct multi-disciplinary team and family team meetings.
- Co-locate multi-disciplinary staff in community “hubs.”
- Utilize cross-system assessment tools.
- Engage all systems in shared outcomes.
- Use technology for information exchange, including integrated information sharing systems.





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# Treatments That Work

## CORE COMPONENTS OF TRAUMA- FOCUSED TREATMENT

- Building a strong therapeutic relationship
- Providing psycho-education
- Parent support, conjoint therapy
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Trauma processing and integration
- Personal safety training and other important empowerment activities
- Resilience and closure





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# Treatments That Work

## EVIDENCE-BASED PRACTICE Examples:

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization Reprocessing (EMDR)
- Child-Parent Psychotherapy (CPP)
- Prolonged Exposure Therapy for Adolescents (PE-A)





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# Next Steps: Knowledge Building and Developing Practice

- Help to educate staff on short- and long-term effects of trauma
- Collaborate with community partners to implement trauma-informed practices
- Create a safe & supportive working environment for staff and provide coaching and support
- Raise awareness of parents and caregivers
- Address Secondary Traumatic Stress
- Use of trauma-focused brief screening tools
- Collecting and sharing assessment information
- Provide information to birth parents, caregivers, children, and youth
- Facilitate connections between birth and foster parents
- Conduct inclusive team/partnership meetings
- Increase capacity of mental health providers to deliver evidence-based treatments
- Provide training to child welfare partners
- Use of trauma-informed forms and language
- with partners

*\*Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative*





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# RESOURCES

- The National Child Traumatic Stress Network  
<http://www.nctsn.org/>
  - *NCTSN Child Welfare Trauma Training Toolkit*
  - *Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative*
  - *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents*
  
- National Technical Center for Children's Mental Health Trauma Resource, Georgetown University Center for Child and Human Development <http://gucchdtacenter.georgetown.edu>
  
- The Chadwick Trauma-Informed Systems Project –*Guidelines for Applying a Trauma Lens to a Child Welfare Practice Model*  
[www.ctisp.org](http://www.ctisp.org)