Creating Trauma-Informed Child Welfare Systems: Moving towards Safety, Permanency and Well-Being Using a Trauma Lens

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A presentation at the
*18th National Conference on Child Abuse and Neglect*
April 19, 2012
1. Participants will be able to describe the Breakthrough Series methodology.
2. Participants will be able to describe ways in which CW jurisdictions across the country are making trauma-informed changes to improve placement stability.
3. Participants will be able to identify ways that they can make small changes that lead to broader policy and practice changes within their CW agencies/systems.
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.
A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.
A service system with a trauma-informed perspective is one in which programs, agencies, and service providers:

(1) Routinely screen for trauma exposure and related symptoms;
(2) Use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;
(3) Make resources available to children, families, and providers on trauma exposure, its impact, and treatment;
(4) Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;
(5) Address parent and caregiver trauma and its impact on the family system;
(6) Emphasize continuity of care and collaboration across child-service systems; and
(7) Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.
Call for Trauma-Informed Child-Serving Systems

What **realistic and practical actions** can be taken at all levels of the system to understand and address trauma to make it **better for the children, families, and workforce**?
NCTSN Child Welfare Committee

- Child Welfare Trauma Training Toolkit (2008, currently being revised)
- Sponsoring a Breakthrough Series Collaborative focused on foster care placement stability (2010-2012)
- Fact sheets on birth parent trauma (2011-2012)
Essential Elements of Trauma-Informed Child Welfare Practice
(adapted from the Child Welfare Trauma Training Toolkit)

1) Maximize the child’s sense of safety
   • Physical and psychological safety
   • Concept of triggers

2) Utilize comprehensive assessment
   • Assess child’s traumatic experiences
   • Assess impact on the child’s development and behavior
   • Let assessment guide services when appropriate

3) Assist children in reducing overwhelming emotion
Essential Elements of Trauma-Informed Child Welfare Practice
(adapted from the Child Welfare Trauma Training Toolkit)

4) Address any impact of trauma and subsequent changes in
   • Child’s behavior
   • Development
   • Relationships

5) Help children make new meaning of their trauma history and current experiences

6) Coordinate services with other agencies

7) How and when to apply the right evidence-based treatments
Essential Elements of Trauma-Informed Child Welfare Practice
(adapted from the Child Welfare Trauma Training Toolkit)

8) Support and promote positive and stable relationships in the life of the child
9) Provide support and guidance to child’s family and caregivers
10) Recognize that many of the child’s adult caregivers are trauma victims as well (recent and childhood trauma)
11) Manage professional and personal stress
   • Vicarious Trauma
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 Child, Youth and Families Testimony to House Ways and Means Subcommittee on Human Resources, Congress
How do we get there from here?
“Every system is perfectly designed to achieve the results it gets”

ALLOW THE PEOPLE WITHIN THE SYSTEM TO CHANGE THE SYSTEM
The Breakthrough Series Collaborative Approach

- The BSC approach to quality improvement was developed in 1995 by the Institute for Healthcare Improvement and Associates in Process Improvement.
- The BSC approach focuses on adapting, spreading, and adopting best practices across multiple settings and on creating changes within organizations to promote the delivery of effective practices.
Rationale for Utilizing the BSC Approach

“Bridge the gap between knowledge and practice”
Goal of the Trauma-Informed Child Welfare BSC (TICWP-BSC)

To develop and promote trauma-informed policies and practices related to foster care placement, thereby increasing placement stability and promoting a sense of permanency among children in care.
Using Trauma-Informed Child Welfare Practice to Improve Placement Stability: A Breakthrough Series Collaborative (TICWP-BSC)

- Sponsored by the National Center for Child Traumatic Stress with funding from SAMHSA
- Includes 9 sites from across the country (CO, FL, MA, NC, NH, OK, TX, Los Angeles and San Diego)
- Public child welfare system is lead, but the team is a partnership between child welfare jurisdictions, partner mental health/trauma sites, and family representatives (youth, parents, foster parents)
Core Elements of a Breakthrough Series Collaborative

- Faculty and Planning Team
- Collaborative Change Framework
- Multi-level, inclusive participant teams
- Shared Learning Environment
- Experiential, adult learning strategies
- Model for Improvement
  - Metrics
  - Dash Board
  - Improvements based on PDSAs
  - Mid-point consultations/post-collaborative consultations

NCTSN
The National Child Traumatic Stress Network
Faculty and Planning Team – Typical Composition

Faculty
- Mirror of the participant teams
- All roles in the teams are represented on the faculty

Planning Team
- BSC Director
- Improvement Advisor
- Project Manager
- Administrative Support
TICWP-BSC Faculty and Planning Team

- Co-Chairs – Charles Wilson and Erika Tullberg
- Co-Directors – Susan Ko and Jan Markiewicz
- Senior Leaders – Mary Gambon
- Trauma Administrators and Clinicians – Cassandra Kisiel
- Child Welfare Supervisors and Line Workers – Dori Brail
- Consumers (foster parents, birth parents, and youth) – Amanda Pruitt
- Program Manager – Lisa Conradi
- Improvement Advisor – Heather Langan
- Consultant – Jen Agosti
The Collaborative Change Framework (CCF) will have two primary sections: the Collaborative Charter, which will set out the foundation for the overall Breakthrough Series Collaborative, and the Key Objectives, which will serve as the roadmap for participating teams as they test, implement, and strive to sustain their improvements.
Key Elements of the TICWP-BSC Collaborative Change Framework

- Knowledge Building and Developing Practice
- Trauma-Informed Mental Health Assessment
- Case Planning and Management
- Externally Delivered Trauma-Informed Services
Multi-level, Inclusive Team

Teams are comprised of roles within the organization and/or community who are essential to the change process.
Team Composition for TICWP-BSC

- Nine teams participating (San Diego, Los Angeles, CO, TX, OK, FL, NC, NH, MA)
- Team composition
  - Senior Leader – Child Welfare Administrator
  - Day-to-Day Manager
  - Child Welfare Supervisor
  - Child Welfare Line Worker
  - Trauma MH Administrator
  - Clinician
  - Foster Parent
  - Birth Parent
  - Youth (optional)
  - Cross-system partner (optional)
We can learn more from collaborating than from working alone!
Model for Improvement

An EFFECTIVE tool for Tackling Challenges!
BSC Model for Improvement: 3 Questions

What are we trying to accomplish?

What changes can we make that will result in improvement?

How will we know that a change is an improvement?
Plan-Do-Study-Act (PDSA) Cycles: Small Tests of Change

- A tool to tackle challenges on several levels
  - Individual
  - Team
  - Organization (including community connections)
Improvement Requires Change
Telling the Story of this Breakthrough Series

Monthly Metrics
Midpoint Consultations
Dashboards
Narrative
Graphs
Organizational Assessments
Surveys

PDSA Database
MONTHLY METRICS

- Monthly measures (must be sensitive to short term changes or shifts)
- Indicators of progress toward objectives
- NOT research data (contain some bias, no controls, not meant to be “laser images,” etc.)
Examples of Monthly Metrics Data from the TICWP-BSC

1. Number of requests to move children out of a placement (due to “negative” or behavioral issues)
2. Number of actual moves each month
3. Number of children in placement who received MH assessments
4. Number of children in placement who received trauma-focused screening or assessment
5. Number of children receiving treatment (generic and trauma-focused EBP)
As of August, 2011:

- 73% of children in placement had received a mental health screening, compared to 31% at the beginning of the project.
- 53% of children in placement had received a trauma-focused screening, compared to 18% at the beginning.
- As number of children screened increased, number of children identified as needing trauma treatment increased.
Data Highlights

- Almost \( \frac{3}{4} \) of foster parents surveyed said they were able to manage symptoms and behaviors of children in their care.
- Placement moves and move requests declined (with minor ups and downs) throughout the project.
- Several teams added data to what they are collecting, and have plans to continue this collection after the BSC.
Initiating and Maintaining Strong Partnerships with State Child Welfare

San Diego County
SuperChangers

Live Well, San Diego!
San Diego Super Changers

- October 2010 East Region, San Diego County, CWS begins participation in Trauma BSC
- Team Members: Casey Family Programs, Chadwick Center, Vista Hill Foundation, Home Start, Parent, Foster Parent, Youth, TERM therapists, Dependency Legal Group, CWS Staff Psychologist, Schools, etc
- Through our PDSA’s (small tests of change), we have identified practices that have been successful and we are working on spreading throughout the county
It’s “All About Me!”
PDSA: Help reduce trauma to children entering care by communicating pertinent information about them to the out-of-home caregiver.

PLAN: Protective Social Worker will have birth parent complete an “All About Me” form to be provided to the birth parent at the next removal.

DO: The parents were asked to provide information about their child using the "All About Me" form.

STUDY: The parents appeared to have decreased anxiety knowing that we valued their thoughts on what their children needed.

ACT: We will add the additional questions to the "All About Me" form. The survey will be presented at larger group meetings for workers who are willing to begin using immediately.

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Rising above Trauma: Resilience and the Role of Parents and Caregivers

The ability to recover from traumatic events is called resilience or being able to "bounce back." Children who feel safe, capable, and lovable are better equipped to "bounce back" from traumatic events.

There are many influences in a child's life that can promote resilience and help a child see the world as meaningful, predictable, and manageable. Some of the influences that can increase resilience include:

- A strong, supportive relationship with a caring, committed adult
- A connection with a positive role model or mentor
- Recognition and nurturance of their strengths and abilities
- Some sense of control over their own lives
- A sense of membership in a community larger than themselves, such as their neighborhood or cultural group

Regardless of the child's age or the types of trauma experienced, healing is possible. With nurture and support, children who have been through trauma can regain trust, confidence, and hope. Parents and other caretakers can help by creating a safe, structured, predictable, and nurturing environment; listening to the child's story at the child's pace; and working with a team of professionals trained in trauma and its treatment.

Some Evidence-Based Treatments for Children Available in San Diego County

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Designed to treat children/youth aged 3-18 years and reduce their negative emotional and behavioral response to trauma; and to empower them to gradually talk about the trauma and correct any unhelpful or untrue trauma-related beliefs
- Provide support and skills to help parents and caregivers.
- Treatment length is 12-20 sessions

Parent-Child Interaction Therapy (PCIT)
- Designed to treat children aged 3-6 years who are exhibiting disruptive behaviors
- Therapist coaches the parent/caregiver through an exercise from behind a one-way mirror while the parent/caregiver interacts with the child
- Average of 14-20 weekly sessions on relationship enhancement and behavior management

Child-Parent Psychotherapy (CPP)
- Attachment-based treatment for young children aged 0-6 years exposed to interpersonal violence that lasts for an average of 50 sessions
- Focuses on safety, affect regulation, improving the child-parent/caregiver relationship, normalization of trauma-related response, joint construction of a trauma narrative
- Goal is to return child to his/her normal development course

Understanding Child Traumatic Stress for Parents and Caregivers

This pamphlet was developed by Pam Toone, Director Parent Association, in collaboration with Chadwick Center staff and the Chadwick Trauma-Informed Systems Project (www.ctisp.org) as part of the National Child Traumatic Stress Network (www.nctsn.org).

There are various evidence-based trauma-focused treatments. Your social worker can help you access a trauma-informed mental health professional who will be able to determine which treatment is most appropriate for your given situation. If you'd like more information on specific treatments, you can visit the California Evidence-Based Clearinghouse for Child Welfare at www.cebc4cf.org, SNHSA's National Registry of Evidence-Based Programs and Practices website at http://nrepp.samhsa.gov, or call the Chadwick Center at 866-576-4011.
Knowledge Building and Developing Practice

**PDSA:** Educate foster parents and birth parents about the effects of trauma

**PLAN:** The BSC Team created a brochure to give to caregivers and birth parents to help educate them about the effects of trauma on children.

**DO:** This brochure is given to a couple of caregivers.

**STUDY:** Caregivers provided feedback on the brochure and indicated that it was helpful for them to understand the effects of trauma on their children.

**ACT:** Recommended changes were made to the brochure. Now it is given to all caregivers.

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Phone Call to Parents

**PDSA:** Developing stronger relationships between foster parents and birth parents

**PLAN:** In East Region we are asking all caregivers to call birth parents within 24 hours of child placement.

**DO:** We have created a letter to caregivers that asks them to make the phone call, included the All About Me Form that can help them to get information, and includes a brochure on trauma.

**STUDY:** The perception is that with placement staff educating all caregivers about the importance of the relationship between caregivers and parents, the relationships are starting to improve.

**ACT:** Social workers are encouraging calls between foster parents and birth parents across cases.

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NCTSN  
The National Child Traumatic Stress Network
TICWP Breakthrough Series Collaborative

• More accomplishments
  ➢ Birth Parent, Foster Parent and mental health partner providing trauma training for resource parents
  ➢ BSC has made recommendations to mental health regarding ensuring all TERM therapists are trauma trained and conducting standardized assessments using a trauma lens
  ➢ Started training schools in East Region on how schools can be more trauma informed
  ➢ BSC work is helping to inform broader HHSA goal of ensuring that all departments in HHSA are trauma informed

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Integrated Training for Staff

• Began training integrated SDM/Signs of Safety with Early Adopters in November, 2010

• Merged Children’s Research Center (SDM) and Signs of Safety experts to create and conduct the training

• Currently training all staff on Trauma-Informed practice with links to SDM/SofS

• SDM/SofS modules that begin in January 2012 that will include links to trauma
SDM

Signs of Safety

Trauma-Informed Lens

San Diego County’s Safety-Organized Practice

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Values and Principles: Working with Families

- Every family deserves our respect
- Cooperate with the person, not the abuse
- Cooperation is possible even where coercion is required
- All families have acts of protection
- Families deserve a process and assessments that are reliable, valid and equitable
- Traumatic experiences affect families and should inform how we work with them to try to build safety.

www.nccdr-crc.org

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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.
• Solution-Focused Questions are tools you can use to surface past and current trauma.

• The SDM Risk Assessment can surface past abuse and mental health concerns.

• Safety Mapping consultation is a way to look at this all together and include a trauma lens.
Signs of Safety

Safety Organized Child Welfare Practice

Safety is *actions* of protection taken by a caregiver, that address the danger, *demonstrated over time.*
Module 6: MANAGE PROFESSIONAL & PERSONAL STRESS

Prevent and Mitigate Secondary Traumatic Stress

Essential Element #9!
What Can Help Prevent or Mitigate Secondary Traumatic Stress?

Get into groups and each group will answer a question:

• What can you do for yourself?

• What can you do with your peers or as a team?

• What can you do with your supervisor or what can your supervisor do?

• What can the Agency do?
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 (Employee Assistance Program).
- Practice stress management through meditation, prayer, conscious relaxation, deep breathing, and exercise.
- Develop a written plan focused on maintaining work–life balance.

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How Does this Look in Practice?

• Voice of trauma in Safety Mapping Sessions
• Consultation guidelines for managers and supervisors
  – SDM
  – Signs of Safety
  – Trauma
• Changes to case consultation
• Secondary Traumatic Stress Champion in BSC Test Site
• Implementing practices developed through BSC (All About Me Forms, Using Trauma Brochure to Educate, Phone Call Between Resource Parent and Parent)
Next Steps

• Train all staff in SDM/Signs of Safety with trauma informed practice principles infused into the modules

• Ensure community partners are trained such as schools, parenting education providers, etc. in both Signs of Safety and Trauma Informed Practice

• Create and publish a Child Welfare Practice Model Framework for San Diego County
Lessons Learned for Mental Health-Child Welfare Collaboration

- Identify and map trauma-informed practices with child welfare system’s priorities (e.g., implementation of practice models, Signs of Safety, permanency efforts, etc.). Trauma will almost inevitably impact/intersect with them in some way.

- Actively partner with families and youth throughout the process. They provide a critical perspective and have creative ideas to assist in informing and improving the system.

- Empower and equip child welfare workers to conduct trauma screenings. This includes training on conducting screenings and managing secondary trauma that may emerge while conducting the screenings, as well as guidance on how the screening results can inform their work with the child and family.
Lessons Learned for Mental Health-Child Welfare Collaboration

- Think about and address trauma experienced by different system stakeholders (children, parents, caseworkers, foster parents).

- Think beyond linking children with mental health treatment – address other stakeholders/services within child welfare system (foster parents, mentors, parenting classes, visitation, etc.) that can help identify and mitigate trauma experienced by children.
Lessons Learned for Mental Health-Child Welfare Collaboration

- Share trauma-informed resources across systems. This includes tools, trainings, and other products.
- Change should be made from both the top-down AND bottom-up perspectives. If the hierarchy is flattened, there is more room for innovation, buy-in and, ultimately, system change.
- Replace existing practices rather than add new practices – the child welfare workload is already overwhelming!
BSC Next Steps

• Addressing Secondary Traumatic Stress among staff and foster parents
  » Faculty working with teams to address the development of two types of services:
    » Proactive efforts to mitigate the impact of secondary traumatic stress (focus on psychoeducation, skill-building and self-care)
    » Responses to crisis situations
  » Focus on involving all members of staff hierarchy
  » Teams are exploring internal and external resources, how efforts can be integrated with ongoing supervision and other existing activities

• Developing agenda for 4th Learning Session – national focus
• Final report of BSC findings
Resources

- Chadwick Trauma-Informed Systems Project – [www.ctisp.org](http://www.ctisp.org)
- California Evidence-Based Clearinghouse for Child Welfare - [www.cebc4cw.org](http://www.cebc4cw.org)
- National Child Traumatic Stress Network - [www.nctsn.org](http://www.nctsn.org) and [http://learn.nctsn.org](http://learn.nctsn.org)
- Chadwick Center for Children and Families – [www.ChadwickCenter.org](http://www.ChadwickCenter.org)
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