

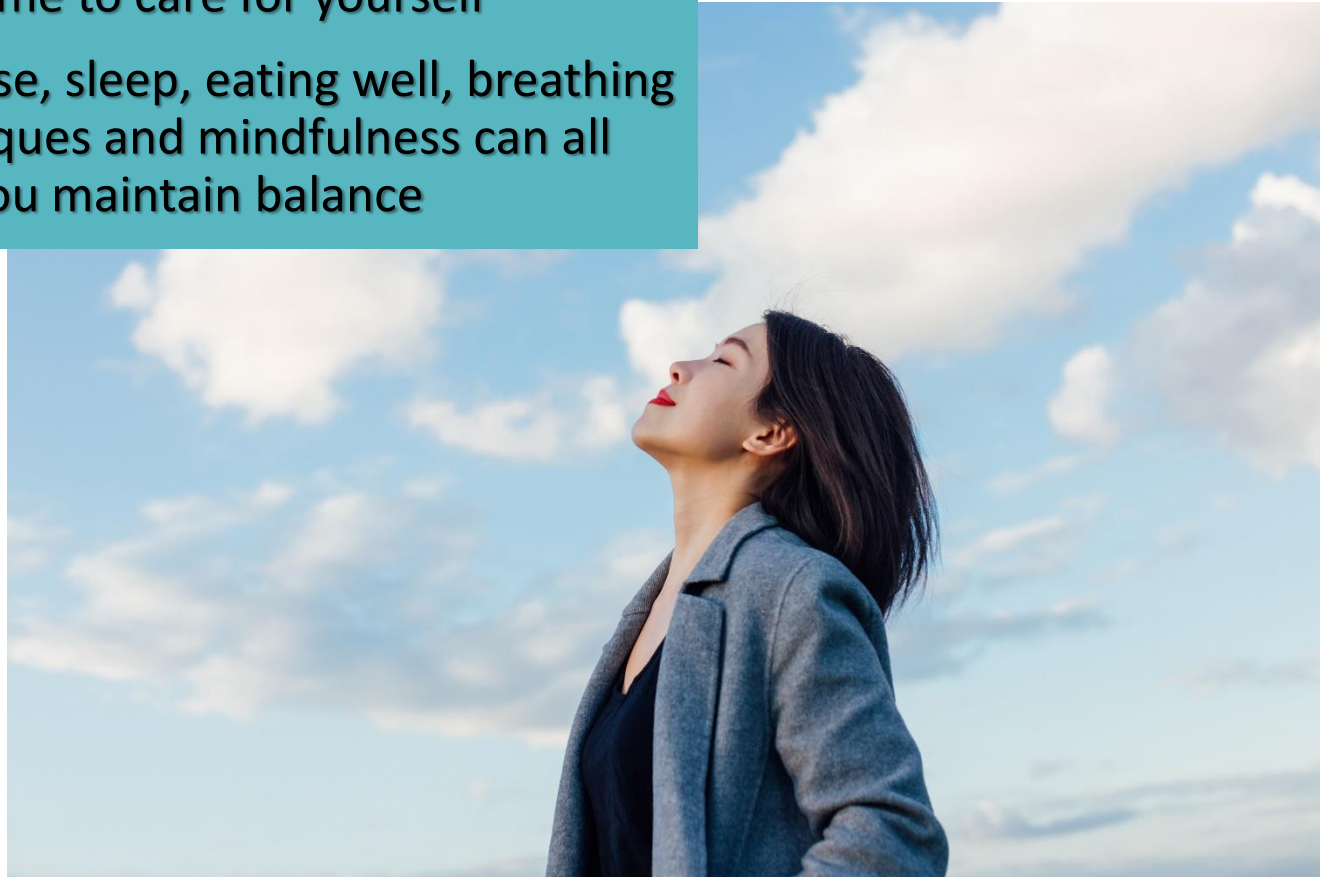
Trauma- Informed Child Welfare

Introduction

- 30+ years of experience at the Delaware Department of Services for Children, Youth and their Families
- Worked in all four divisions:
 - Division of Family Services
 - Division of Youth Rehabilitative Services
 - Division of Prevention and Behavioral Health Services
 - Division of Management Support Services
- Direct service, supervision, management
- Project management, continuous quality improvement, trauma-informed care lead, training, policy development

Self-Care Reminder

- Talking about trauma and working with people exposed to adversity can be stressful
- Take time to care for yourself
- Exercise, sleep, eating well, breathing techniques and mindfulness can all help you maintain balance



Today's Topics

- ACEs review
- How adversity, stress, and trauma impact development and health across the lifespan
- Key elements of trauma-informed systems
- Cross-system implications
- Unintended consequences and recognizing how the system can cause harm
- Using evidence-informed tools and approaches
- Trauma-informed workplace – why and how

Adverse Childhood Experiences – the first ACE

Adverse Childhood Experiences are events that happen in childhood that may be experienced as traumatic to the child.

Original ACEs study explored 10 adverse experiences in three categories:

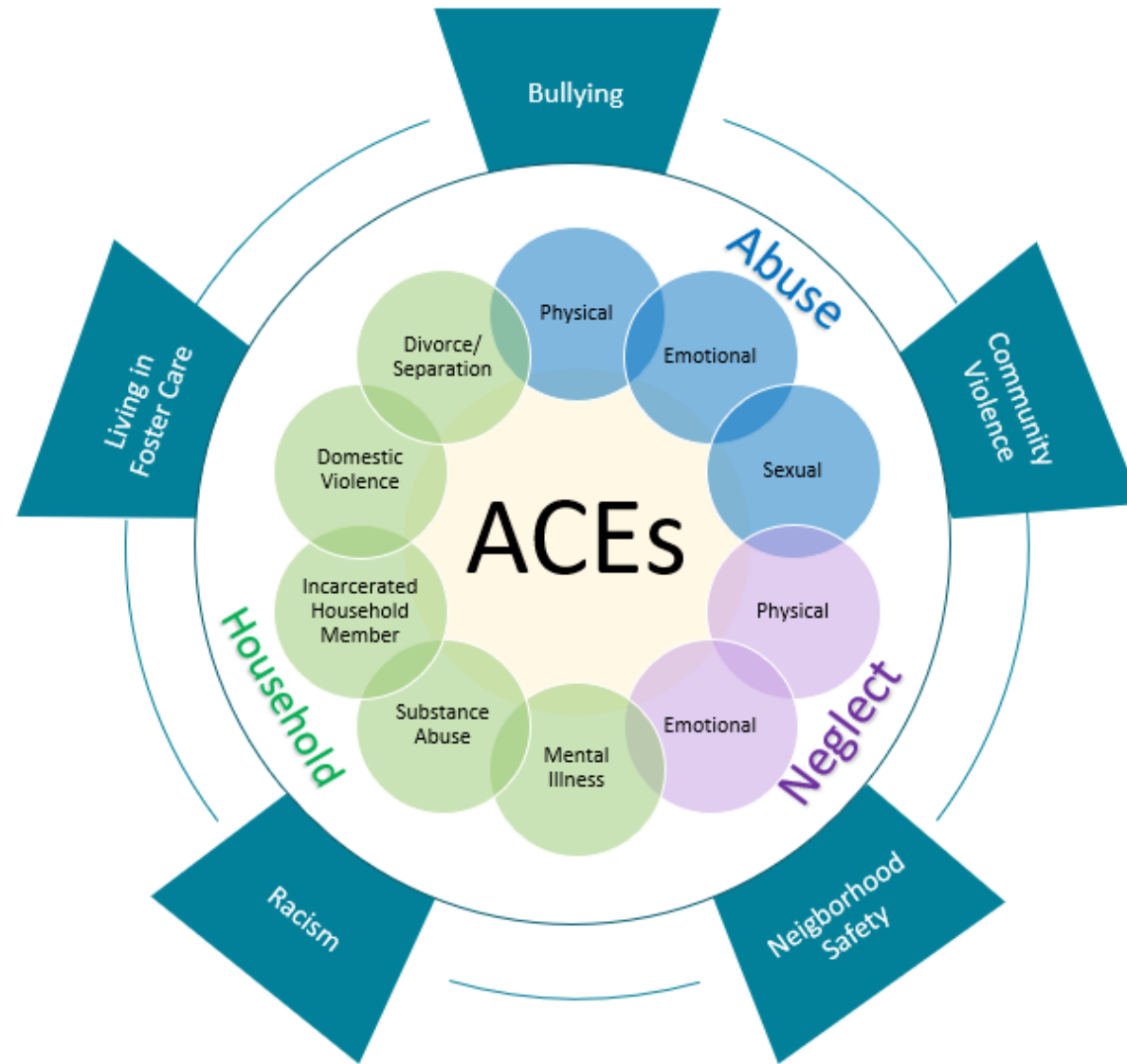
- Abuse: physical, emotional, and sexual
- Neglect: physical and emotional
- Household dysfunction including:
 - mental illness
 - substance abuse
 - domestic violence
 - incarcerated relative
 - divorce

Urban ACEs study conducted in Philadelphia in 2012

- Included the original ACE categories and types
- Added urban themes:
 - Neighborhood safety and trust
 - Bullying
 - Witnessing violence
 - Experiencing racism
 - Foster Care

Adverse Childhood Experiences

Original & Urban



CDC: <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

The Philadelphia ACE Project: <https://www.philadelphiaaces.org/philadelphia-ace-survey>

Research Findings

A lot of us experience ACEs

- ACEs are common
 - 61% of adults surveyed in 25 states reported at least 1 ACE
 - Nearly 1 in 6 reported experiencing 4 or more types of ACEs
- ACEs impact all communities, regardless of race, culture, or socio-economic status
 - Some populations are more greatly affected than others

Other ACE Realms

Adverse Community Environments:

- poverty
- food & housing insecurity & scarcity
- lack of opportunity and economic mobility
- community violence
- systemic discrimination & structural racism
- lack of community investment
- disconnected relationships
- deteriorating infrastructure

Atrocious Cultural Experiences intergenerational and collective trauma:

- Slavery
- Genocide
- Colonization
- Segregation
- Forced family separations
- Removal or property

Adverse Climate Experiences

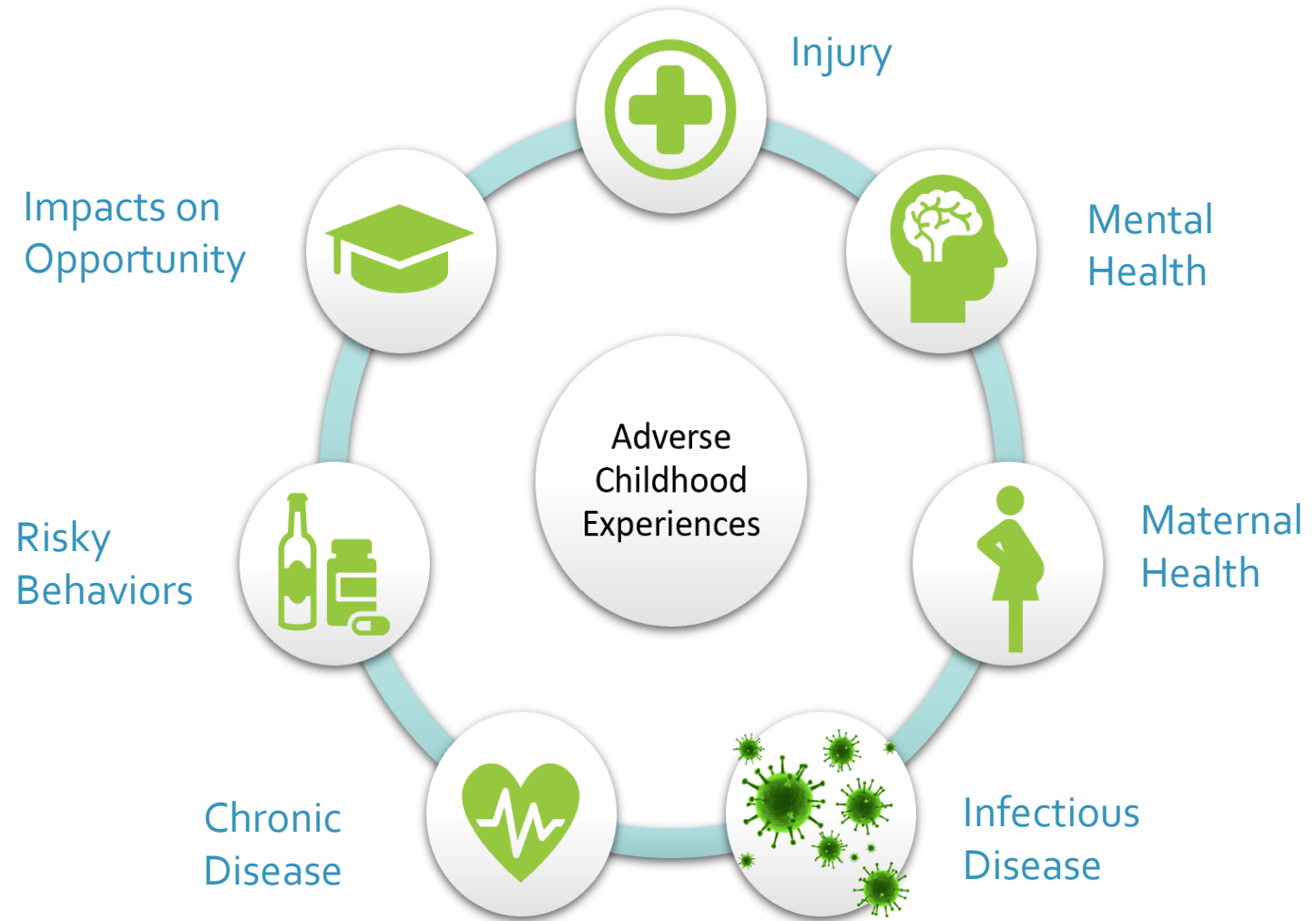
- COVID 19
- Climate change
- Natural events & disasters
- Environmental injustice
- Pollution

<https://publichealth.gwu.edu/departments/redstone-center/resilient-communities>

<https://www.ctipp.org/post/how-trauma-negatively-impacts>

<https://www.pacesconnection.com/blog/aces-101-faqs>

The effects of ACEs are cumulative

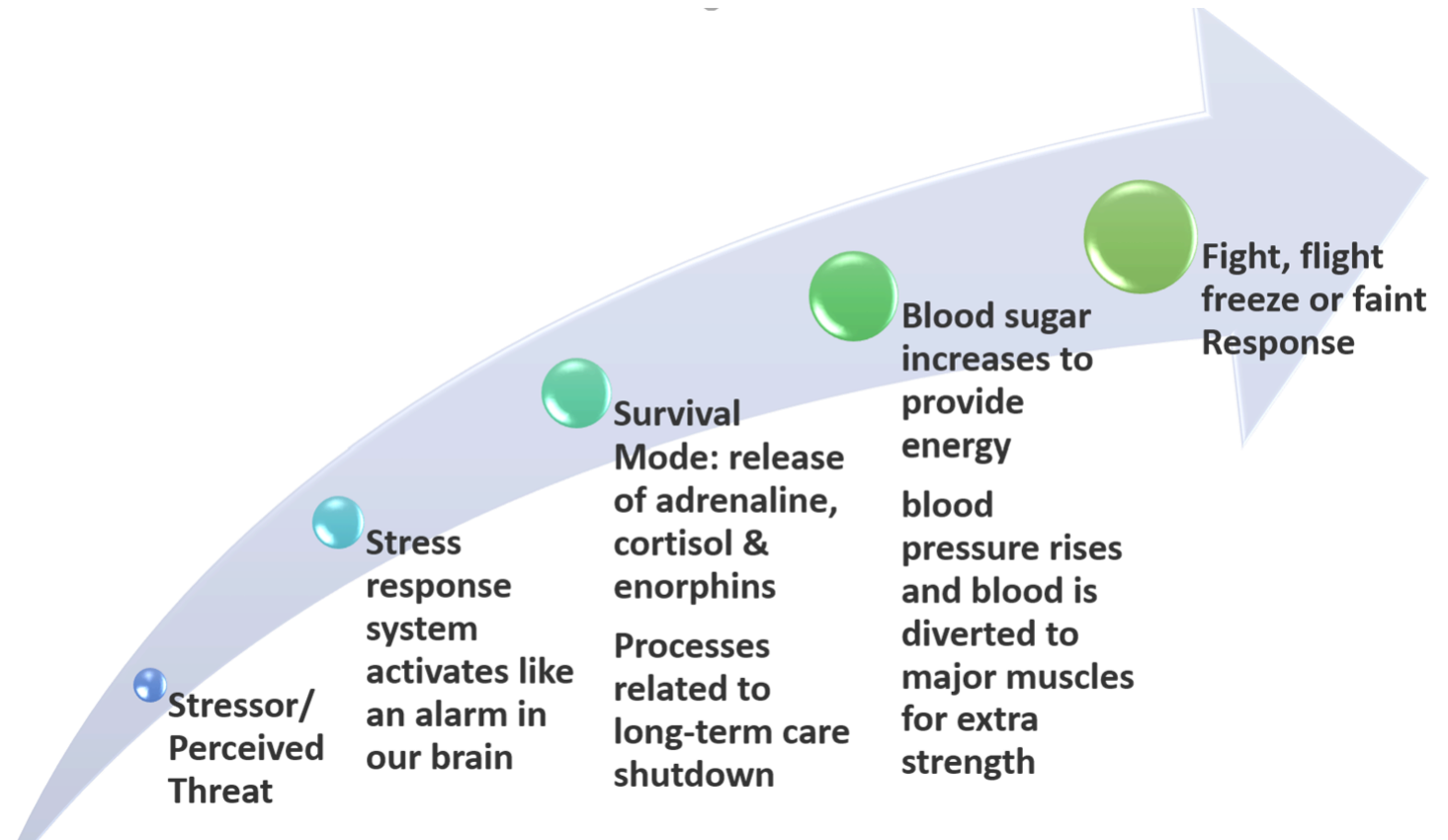


Research Findings

Toxic stress exposure changes our brains and bodies

- produces stress hormones that contribute to inflammation and effect healthy development
- increases our risk for illness
- effects executive functioning and critical thinking skills

Stress Response



Trauma: The 3 Es

An **event**, series of events, or set of circumstances that is **experienced** by a person as physically or emotionally harmful or threatening, and has lasting **effects** on the individual's physical, social, emotional, or spiritual well-being.

Effects of Toxic Stress and Trauma



Feeling unsafe, distrustful, guilty...



Reduced sense of self-worth



Altered world view



Physical, mood, and behavioral symptoms



Threat perception and memory



Physical health

Trauma Determinants

Control

Can make
sense of event

Predictability/
Certainty

Individual
Resiliency

Self-efficacy

Support
system

Context

Epigenetic
factors

Factors influencing the impact of trauma on a child

Developmental stage

Chronological age

Perception

Past experiences

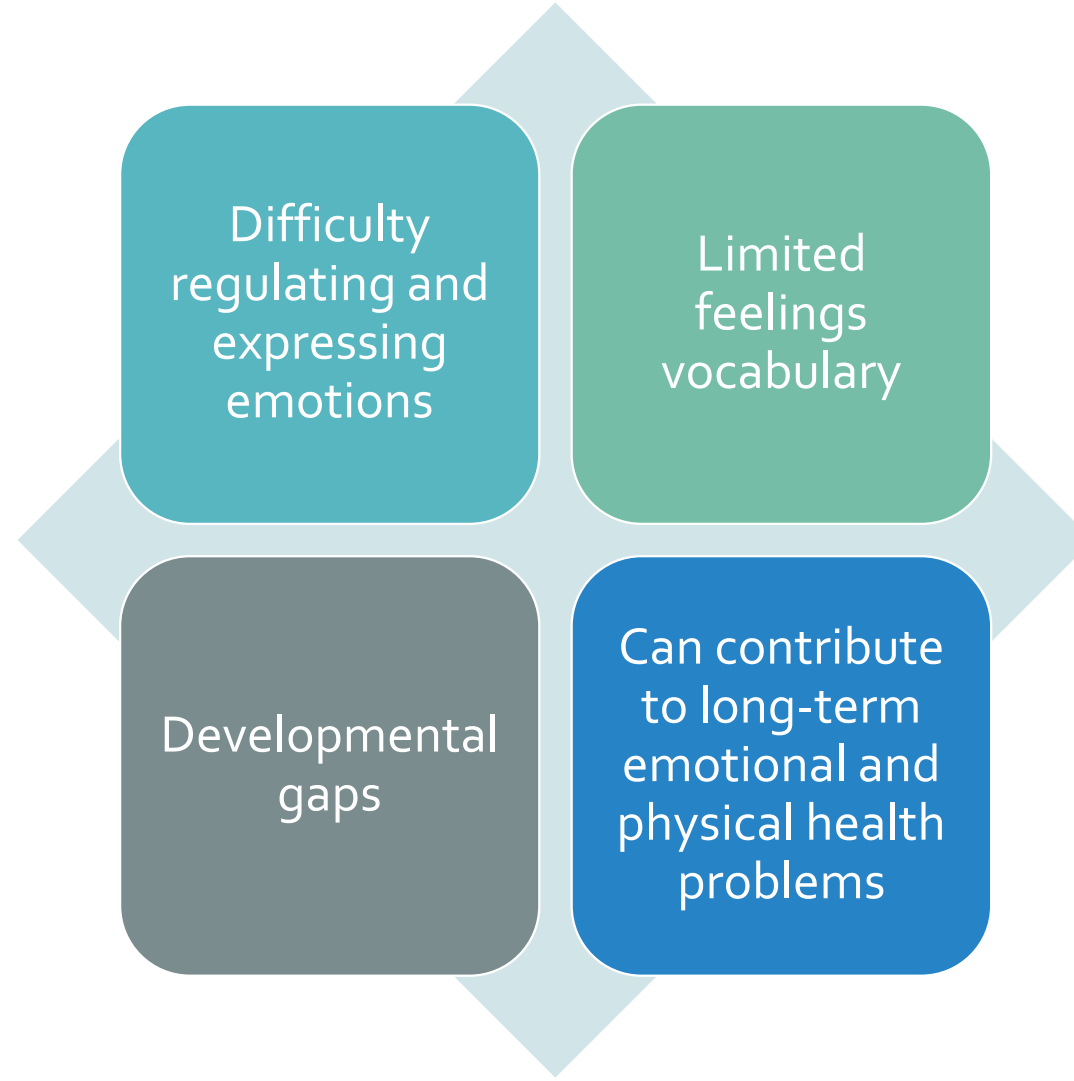
Network of support

Role in the event

Relationship to the person who caused the trauma

Relationship to those who experienced the trauma

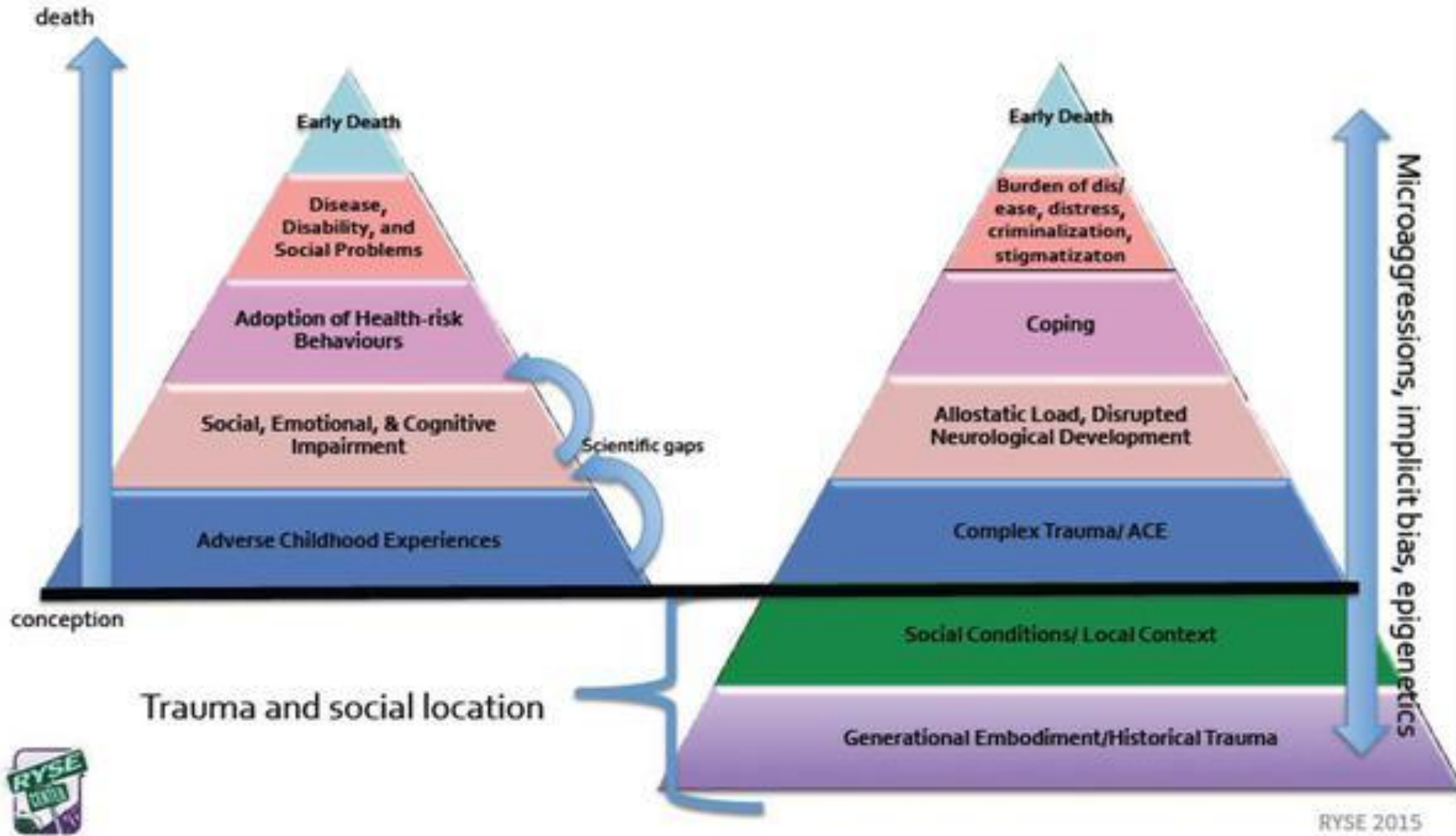
Managing Emotions and Trauma



Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



Trauma-Informed Approach

- **Realizes** the widespread impact of adversity and trauma
- Understands that a person is likely to have a history of trauma
- **Recognizes** signs that a person may be affected by adverse/traumatic experiences
- Acknowledges the role trauma may play in a person's life – including employees
- **Responds** with respect and compassion to **reduce** likelihood of **re-traumatization**

A Trauma-Informed Care Approach

Involves a conscious mindset and direction

Prioritizes people, safety, and respect

Is **not** a service, set of practices, or a specific program

Is different from trauma-specific treatment

A Trauma-Informed Care Approach

Considers how an individual's past experiences impact their thoughts, perceptions, and behaviors

Helps systems effectively respond to trauma-exposed service recipients and staff

Provides a framework for developing skills and interacting with children, families, and colleagues

Implement Universal Precautions

Awareness that all people may be coping with effects of trauma and demonstrate respect

Recognition that the organization, environment, and practices could act as trauma reminders

Recognition that you may have experienced trauma yourselves and may be activated by responses and actions of others

Trauma-Informed Care (TIC) Principles

Safety

Trustworthiness
and
Transparency

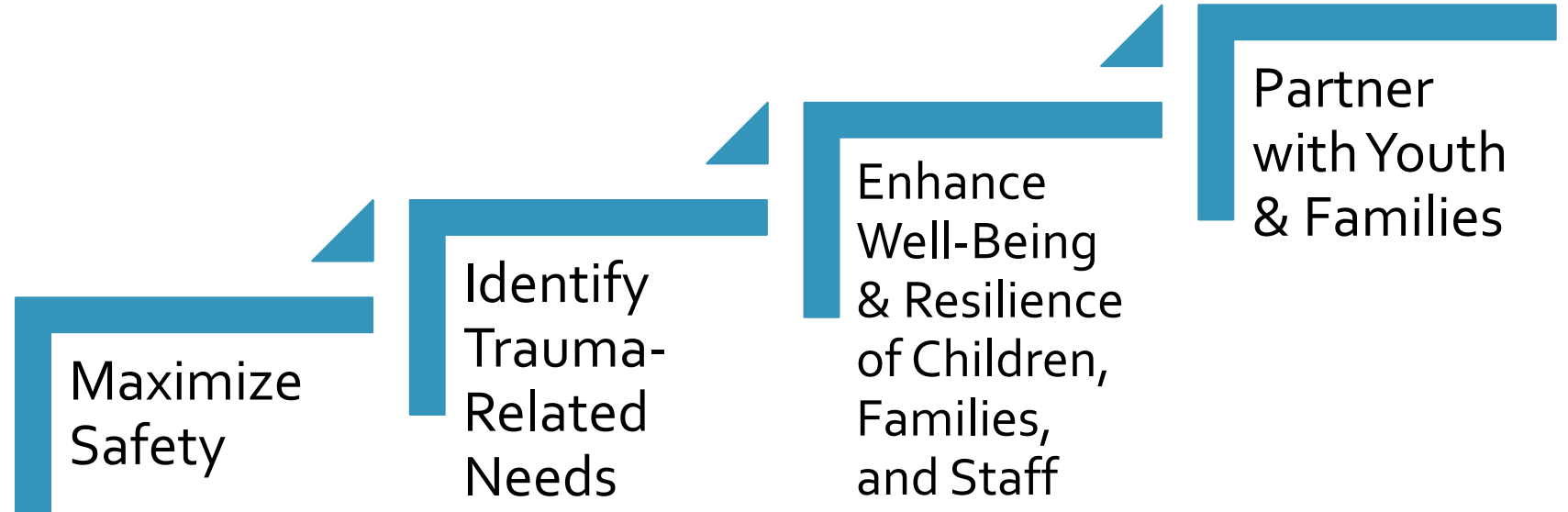
Collaboration
and Mutuality

Empowerment,
Voice and
Choice

Cultural,
Historical &
Gender Issues

Peer Support

Trauma-Informed System: Essential Elements



Maximize Physical & Psychological Safety for Children & Families

- Understand that individuals may still feel unsafe even when the danger has passed
- Promote safety through transparent, age-appropriate communication
- Emphasize psychological safety

Identify Trauma Related Needs of Children & Families

- Engage in learning opportunities to develop knowledge and skill
- Educate parents and youth about the impact of trauma
- Screen for trauma histories and traumatic stress responses.
- Share screening results with families and team members
- Use information to guide decisions and plan for safety

Enhance Child Well-Being & Resilience

- Some children are more resilient
 - Internal and external resources
 - Success in school or activities
 - Temperament that manages stress
- Recognize and build on strengths
- Link to trauma-informed services

Enhance Family Well- Being & Resilience

- Ask about caregiver trauma history
- Enhance skills through trauma-informed education and services
- Recognize that family members may experience secondary traumatic stress



The resilient thinker

understands that the glass is **refillable!**

Coping strategies & self-care

Positivity

Hope for the future + control or self-efficacy

Supportive networks

Resources

Enhance Your Well-Being & Resilience

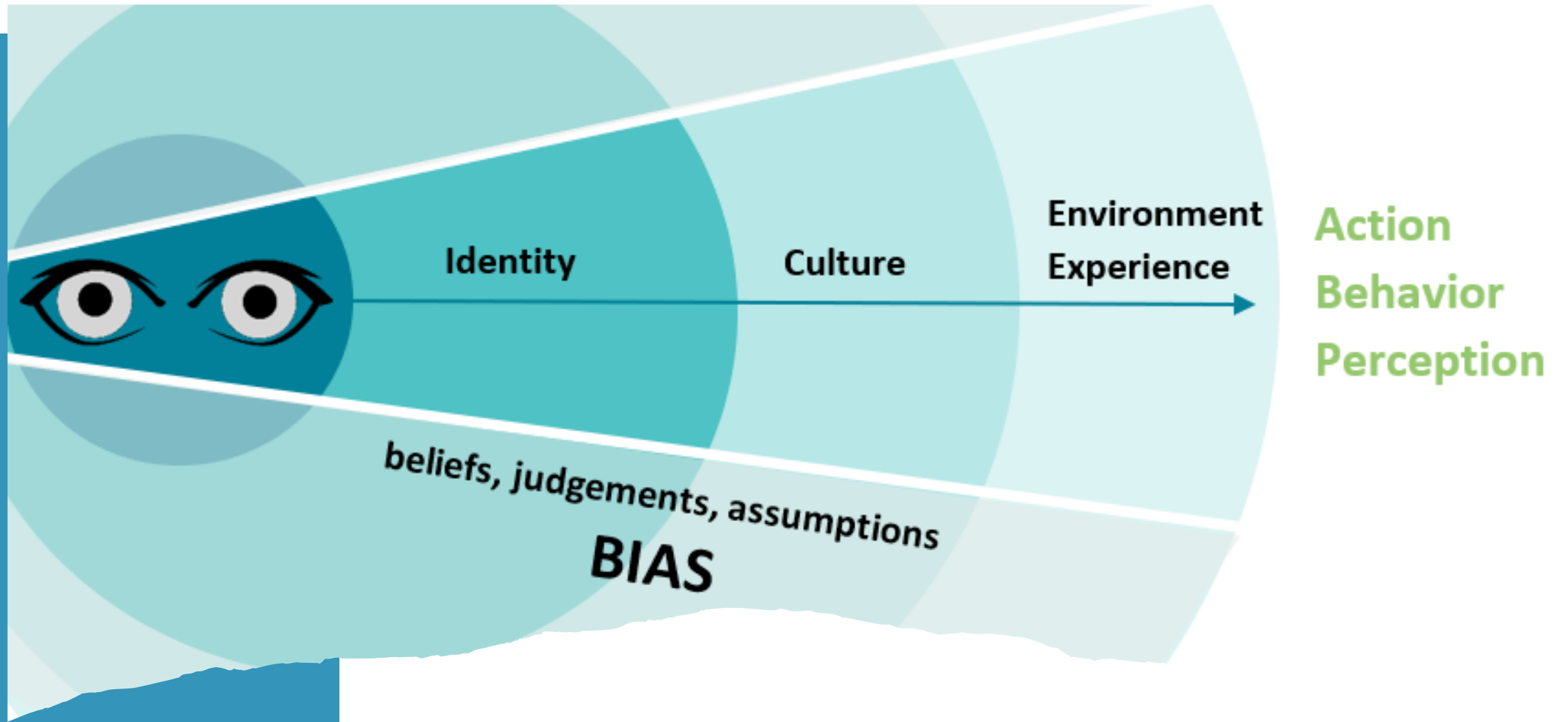
- Stay aware of possible work-related trauma effects
- Engage in self-care
- Connect with personal supports
- Utilize work-based resources

Partner with Youth & Families

- Ensure youth and family have an active voice in planning
- Provide opportunities for feedback
- Take their perspective in account

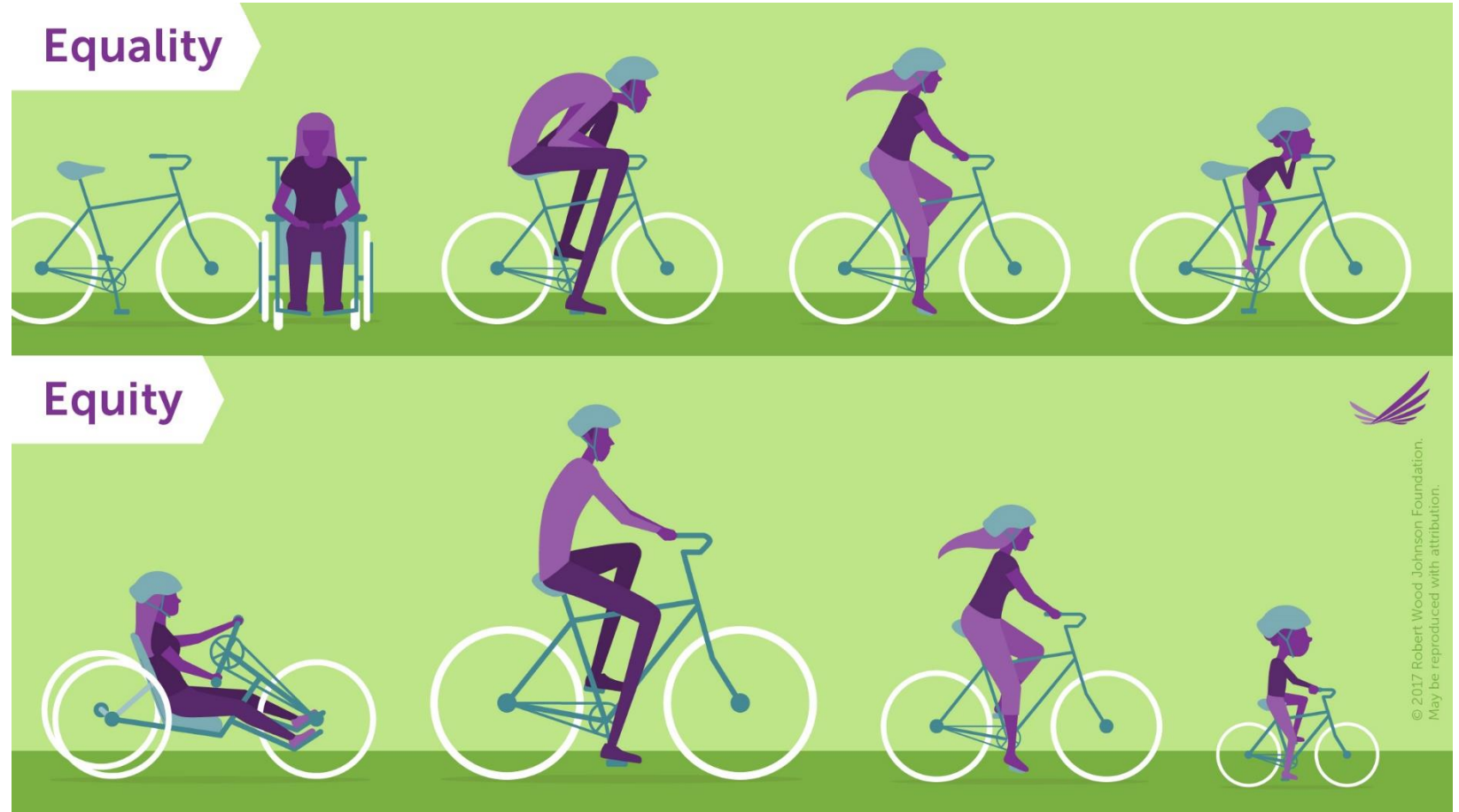
Partner with Other Agencies

- Team approach to identify and address trauma needs
 - involved child and family serving agencies (behavioral health, juvenile justice)
 - schools
 - treatment and service providers
- Coordinate planning efforts to prevent competing priorities



We see the world not as it is, but as we are – or as we are conditioned to see it.
-Stephen Covey

Apply an Equity Lens



Consider a Justice Approach to Barriers



Cross-system implications

- Influences of other agencies and system can impact child welfare involvement
 - Referrals based on misconceptions and biases about children and families
 - Involvement in one system resulting in cross-over to child welfare (and vice-versa)
 - Criminal justice practices and the impact on the children of those involved in the criminal justice system
 - Court process delays
 - Income and economic hardship implications

Adoption and Safe Families Act of 1997

- Created to address the number of children with long foster care stays and multiple home changes
- Sought to promote permanency for children by increasing adoptions
- Requires states to move to terminate parental rights (TPR) when a child has been in foster care 15 of the last 22 months
 - 15/22 rule exceptions: child living with kinship caregivers, agency documents compelling reasons why TPR is not in child's best interest, when the state has failed to provide reunification services

Unpacking ASFA

Results

- Reduced time in foster care
- Increased the number of adoptions
- Reduced overall number of children in foster care at any given time
- Reduced trauma related to long-term foster care and placement moves for children who achieved permanency

Drawbacks

- Move toward permanency didn't consider parent needs
- Increased the number of orphans and those with another planned permanent living arrangement (APPLA)
- Increased trauma for children who lost family connections and didn't achieve permanency
- Increased trauma for family members

Problems with ASFA

- The 15/22 rule doesn't adequately allow states to consider implications from other system involvement (ex: time to adjudicate criminal parent's criminal charges) and treatment
- Insufficient emphasis on provision of services to address parent needs and concrete supports
- Disproportionally impacts children and families of color and families dealing with economic hardship

Child welfare shifts – consistent assessment and response

- Implementation of screening instruments to guide responses to reports alleging abuse, neglect, or dependency
- Utilizing a suite of assessment and case planning tools that support consistent decision making based on safety, risk, and needs
- It is possible to have individualized case planning and service provision within a structured process

The goal is focus on risk and safety, identify needs, and remove bias from decision-making

Child welfare shifts – response options

Traditional response

- Reports of abuse or neglect were either screened in for investigation or screened out (not accepted)
- An investigation seeks to prove or disprove allegations and assess safety and risk
- Services typically provided to families only when abuse or neglect is substantiated, or risk is present
- More punitive that can lead to blame and/or shame

Differential response

- Offers response options that support families
- Assess needs and offer solutions
- Alternatives to investigation that can includes reports that would have been screened out
- May be with community-based agencies instead of state agency staff
- Reduces blame/shame
- More supportive

Child welfare shifts – reduce foster care entry

- Considered removal team decision making meetings
- Use of safety planning when appropriate
- Family search and engagement efforts
- Increased funding of concrete supports and services

Evidence-informed services

- Use of practices with evidence of their efficacy
- Functional Family Therapy, Multi-Systemic Therapy, Brief Strategic Family Therapy, Family Check-up, Homebuilders, and others.
- Services aims
 - improve family functioning by strengthening skills (communication, coping, self-regulation, stress management, problem solving, conflict resolution and positive parenting)
 - reduce behaviors that increase risk (substance use, conduct, poor school engagement, and ineffective discipline)

Leveraging existing community supports and services

- Social services programs
- Community centers and organizations
- Treatment services
- Supportive in-home services for families with young children (Healthy Families, Nurse Family Partnership)
- Adult mental health and substance use treatment, including medically assisted therapies
- Vocational supports and skill building
- Education services

Family First Prevention Services Act (FFPSA)

- Public Law (P.L.) 115-123 Family First Prevention Services Act of 2018 amended provisions of titles IV-E and IV-B of the Social Security Act
- Allows states to submit a title IV-E prevention program five-year plan with an aim of preventing entry into foster care
- Aimed to address limitations preventing IV-E funding from being used for prevention and post-reunification services
- Seeks to reduce reliance of congregate care settings and promote placement in family settings
- Promotes expanded use of evidence-based practices

<https://www.acf.hhs.gov/cb/title-iv-e-prevention-program>

<https://capacity.childwelfare.gov/about/cb-priorities/family-first-prevention>

FFPSA eligibility and services

- Eligibility – parents or relatives for candidates for foster care who have a written prevention plan
 - Also includes pregnant and parenting foster youth
- Services – twelve months of approved in-home parent skill-based programs, mental health services, and substance abuse treatment

FFPSA Challenges

- The prevention services outlined within the requirements would typically be considered intervention services
 - In-home parent skill-based services
 - Mental health and drug treatment programs for caregivers
- Foster care entry prevention, not maltreatment prevention
- Redistributes funding but doesn't add expand it
- Requires 50% of funding be spent on well-supported programs
- Focus on new programs which created limitations for states that already invested in evidence-based interventions
- Creates complications with Medicaid funding

FFPSA Challenges

- Restricts congregate care use and only funds placement in these programs beyond two weeks if the facility meets Qualified Residential Treatment Program (Q RTP) requirements and an assessment determines the child needs residential placement
 - Created complications with Medicaid
 - Lack of sufficient foster homes coupled with group home closures has created problems
- Doesn't address funding issues related to the title IV-E look-back that links IV-E eligibility to eligibility for Aid to Families with Dependent Children (AFDC), which ended in 1996

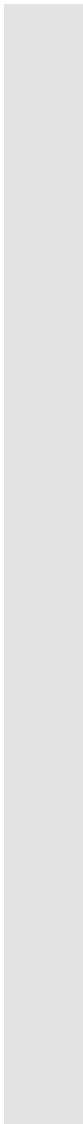
FFPSA Challenges

- Requires oversight and eligibility verification by the child welfare agency – reducing ability to use for primary prevention
- Requires families to have a prevention plan that outlines risk factors for foster care placement
- Inadequately addresses the variety of services and supports that can strengthen and stabilize families and reduce risk for foster care entry
 - Concrete supports and services
 - Vocational support
 - Parent well-being needs that aren't mental health or substance use
 - Community and environmental factors



Workforce Considerations

A supported child welfare workforce can more effectively engage and partner with children and families



Workplace Impacts

- Almost 70% of adults in the U.S. have experienced one or more traumatic events in their lifetime
 - Higher among those working in the human service field
- More likely to have mental and physical health problems
 - Drives healthcare costs
 - Contributes to lost productivity and poor job performance
- Effects of trauma are evident when:
 - Employees call in sick
 - Tension between employees and colleagues or the public
 - An organization experiences high turnover

Employee Impacts

- Traumatic experiences and exposure to toxic stress can impact an individual's ability to:
 - **Learn** - acquire new skills, comprehend information
 - **Think** - problem-solving, future planning, consequential thinking
 - **Manage change** - adaptability, flexibility
 - **Relate to others** - interpersonal skills, conflict resolution, misinterpret intentions

Current Implications

- Experiencing sustained stress and adversity
- Inequities and injustice – unrest, fear, anger, loss, and old traumas
- Instability, violence, and disasters
- Workforce shortages

Benefits to a TIC Framework

- Better employee engagement
- More flexible and adaptable workforce
- Positive customer, partner, and stakeholder experience
- Improved attendance
- Increased productivity
- Reduction in healthcare costs

Trauma-Informed Care Principles

1. Safety
2. Trustworthiness & Transparency
3. Collaboration and Mutuality
4. Empowerment, Voice & Choice
5. Cultural, Historical & Gender Issues
6. Peer Support

Top 7 Reasons for Turnover

1. Job or workplace was not as expected
2. Mismatch between job and person
3. Too little coaching or feedback
4. Too few growth and advancement opportunities
5. Workers feel devalued and unrecognized
6. Workers suffer from stress due to overwork and work-life imbalance
7. There is a loss of trust and confidence in senior leaders

Trauma-Informed Organization Elements

- It is okay to discuss stressors
- Supervision is supportive
- Training increases confidence and competence
- Information is shared to increase awareness about the impact of stress
- Stress management strategy development is encouraged
- Employees have access to support

Communicate with Clarity & Transparency

- Clear open communication, especially during times of change
- Promotes predictability and reduces uncertainty
- The more people know about what is going on, the more in control they feel
- Don't avoid discussing difficult workplace developments
 - Teach supervisors and managers how to talk to staff about unpleasant topics

Strengthen Interpersonal Skills

- Management & staff!
- Produces more effective interactions
- Minimizes counterproductive interactions, especially with emotionally distressed individuals
- Reduces workplace stress since much of it is interpersonally generated

Building Relationships

Building Blocks

- Interactions that express kindness, patience, reassurance, acceptance, and listening
- Use of language that supports skill development and reinforcement
- Messaging that is future-oriented and hopeful

Relationship barriers

- Interactions that are humiliating, impersonal, demanding, and judgmental
- Use of overly critical language
- Actions that are felt as disrespectful

Good working relationships promote effective collaboration

Change Management

- Change in the workplace is a significant stressor for employees
- Change management training and planning can help staff at all levels deal with change and minimize the stress level throughout the organization

Cause and effect connections

- Connection to the mission of the organization or bigger picture
 - Outlining purpose – why we do something
 - Feedback – why the task or work matters
- Connect recognition and accountability to specific efforts and the impact they have had

Invest in Employee Self-efficacy

- Training and personal development programs
- Coaching sessions and supervision meetings
- Discuss and build on strengths
- Listen and ask open-ended questions

Promote Growth & Development

Help employees identify:

- areas in which they would like to learn and grow
- plans for their future with the organization
- cross-training and job-shadowing opportunities

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- Robert Wood Johnson Foundation: <https://www.rwjf.org/en/library/collections/aces.html> and <https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html#/download>
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- Adapted content developed as TIC implementation lead for the Delaware Department of Services for Children, Youth, and their Families

Thank
you!

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