

Why Trauma Matters: Implications for System Transformation



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History and Background: Maine's Trauma-informed System of Care



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History and Background

- Six years ago Maine was awarded a six year grant by the Federal Substance Abuse and Mental Health Services Administration to develop and implement a System of Care for Children that would be:
 - Trauma-Informed
 - Family Driven
 - Youth Guided
 - Culturally and Linguistically Competent
- THRIVE is now an independent non-profit training center supporting communities to become trauma-informed

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What is Trauma and Looking through a Trauma-Informed Lens

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What is Trauma?

- The personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism and/or disasters. NASMHPD, 2004
- Historical Trauma, Stigma Trauma and Intergenerational Trauma
- Trauma is:
 - Pervasive, broad, and diverse in impact
 - Deep and life-shaping
 - Often self-perpetuating and differentially affects the more vulnerable
 - Apparent in how people approach services
 - Sometimes caused by service system which has often been traumatizing and/or re-traumatizing

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Why Does it Matter?

- Why should you care as leaders, providers, youth, family, community members.....?
 - Evidence – Adverse Childhood Experiences, national and local research
 - Preventable health and human event with enormous societal cost
 - Trauma can affect anyone
 - Our innate capacity to heal and be resilient

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National Recommendations

*Strengthening Policies to Support Children, Youth, and Families
Who Experience Trauma, July 2007 National Center for
Children in Poverty Columbia University*

Policies should support:

- Delivery systems that identify and implement strategies to prevent, identify and intervene
- Prevent and eliminate treatment practices that cause trauma/retraumatization
- Reinforce best practices that embodies system of care principles
- Resiliency, family youth strengths and engagement strategies
- Ensure that funding is supportive of trauma-informed care

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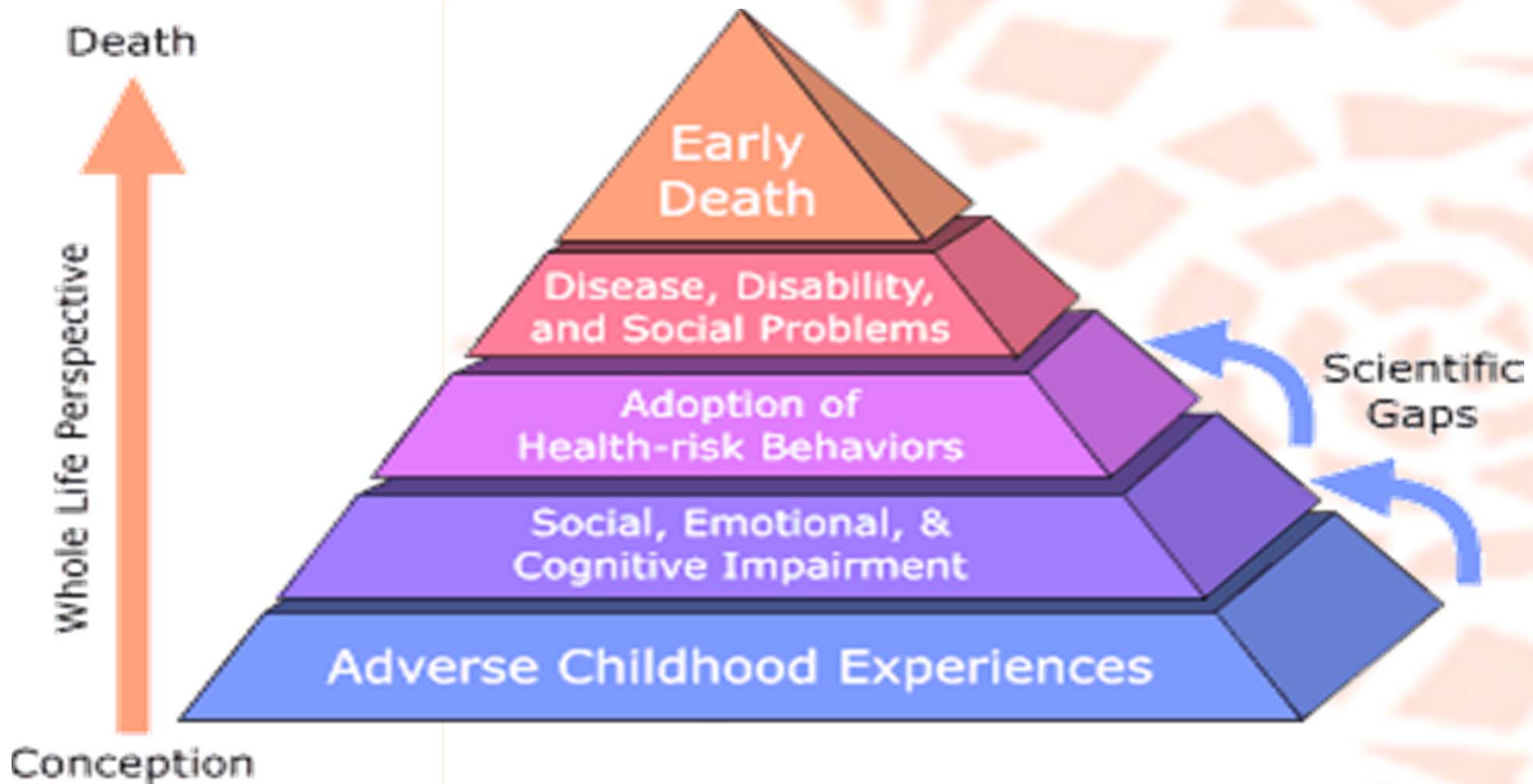


Why Be Trauma Informed?

- Trauma affects how children, youth and families approach, engage with and use services (*Yoe, 2004*).
- Children and youth react to trauma differently than adults (*Ford et al, 2000; Husain, Allwood, Bell, 2008; Daud & Rydelius, 2009*).
- A high number of traumatic experiences during childhood leads to higher risk of health and social problems (*Felitti et al, 1998*).



Adverse Childhood Experiences Study



www.acestudy.org

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Trauma-Informed in a Nutshell

Instead of asking “what is wrong with you?”
a trauma-informed approach asks
“what has happened to you?”

Roger Fallot and Maxine Harris, Using Trauma Theory to Design Service Systems

Universal precautionary approach.....



The Trauma-Informed Principles

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment
6. Language Access and Cultural Competency

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Trauma-informed vs. Trauma-specific

Trauma-informed

- An approach to service delivery that acknowledges and understands the effects of trauma
 - Universal precaution
 - Understands effects of trauma on service engagement/relationship
 - Changes to policy, practice, environment and crisis management

Trauma-specific

- Evidenced based treatment models that have been proven to facilitate recovery from trauma



What is the Impact of Trauma on Children and Families?

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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?

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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

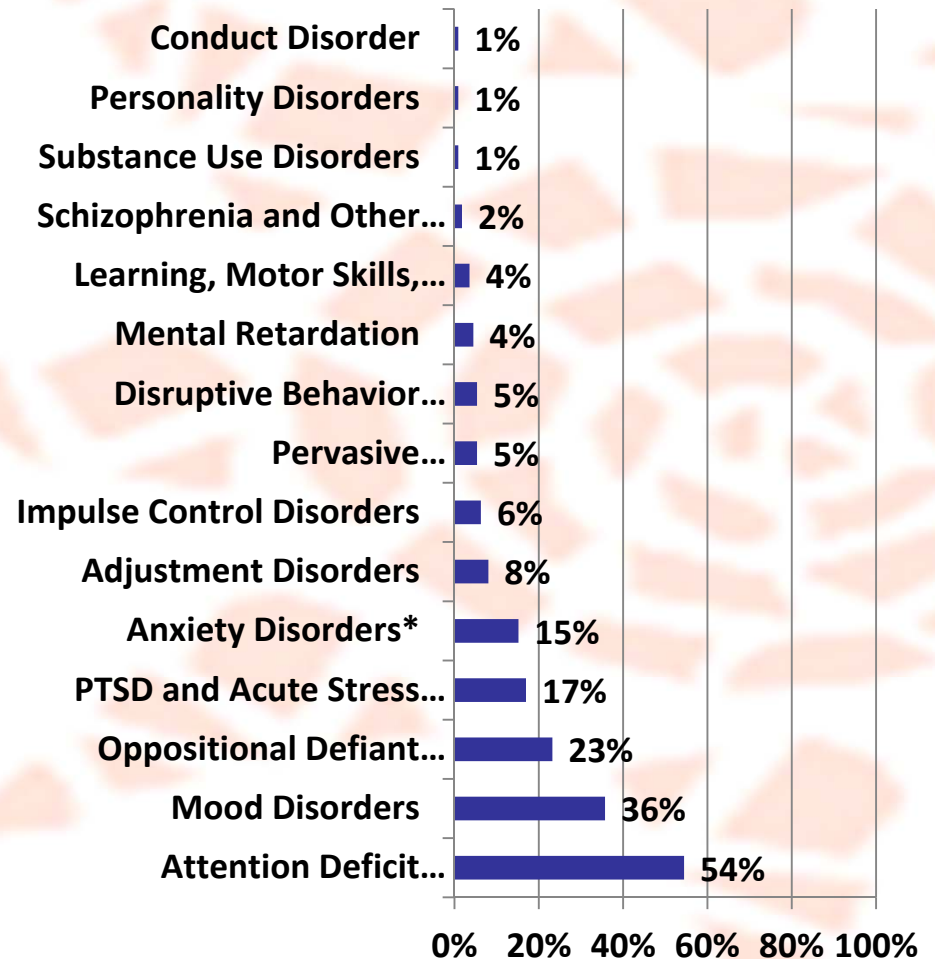
- Child and youth trauma events included those that parent or youth report having a) occurred and b) bothered the child or youth “a lot.”
- Two groups: youth with trauma and youth who have not experienced trauma
- Two more groups: incorporates measures of childhood trauma experience of primary caregivers
- Local data linked to SOC National Evaluation data with child ID

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Characteristics of Evaluation Population

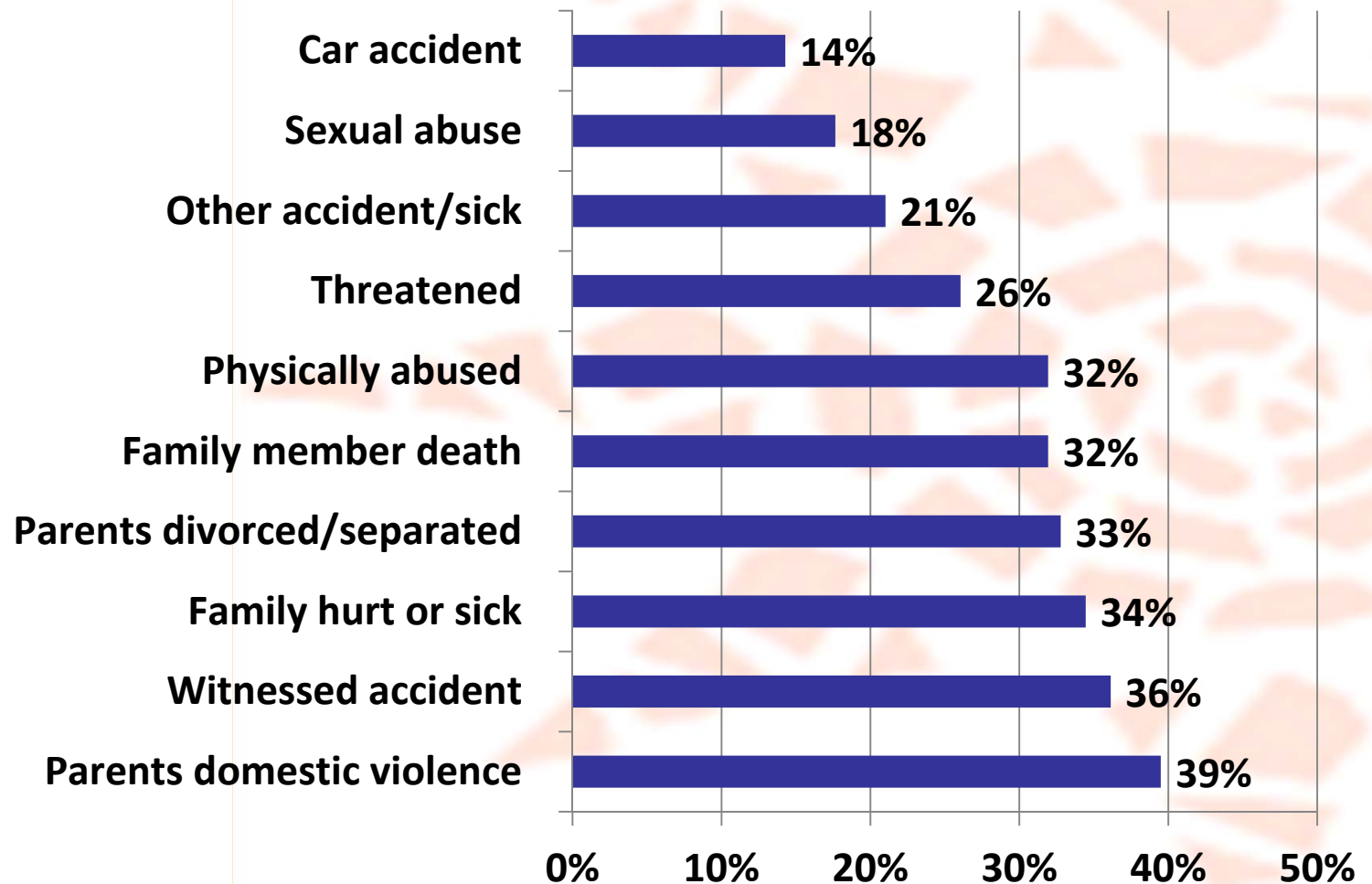
- 120 Children and Youth:
 - Average age = 10
 - 61% boys (39% girls)
 - 92% lived at home
- 117 Caregivers:
 - Female (92%), average age 36
 - Biological parent (82%)
 - High school graduates or higher (81%)
 - 70% earn less than \$50K per year



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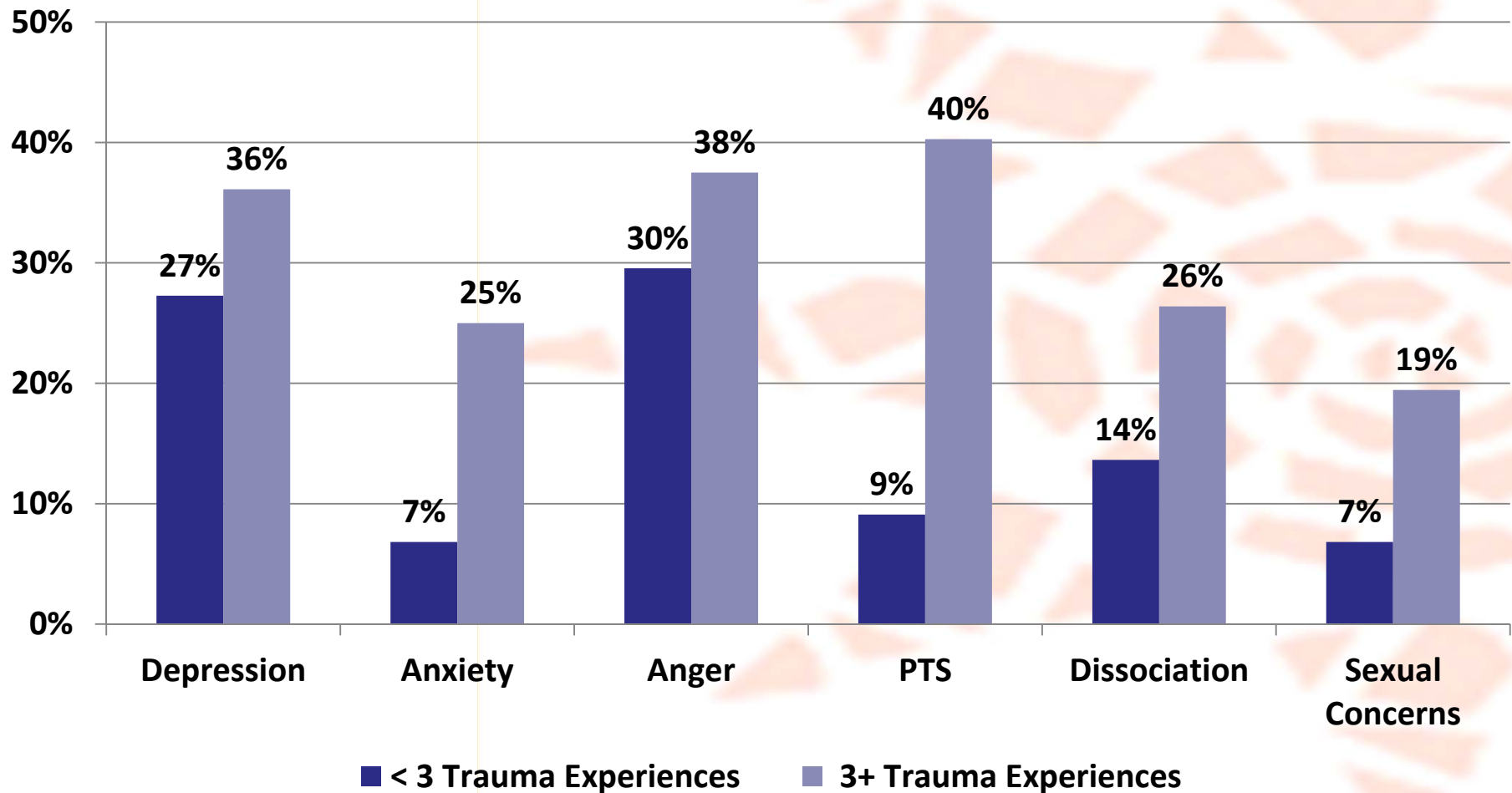
Child and Youth Trauma Experiences



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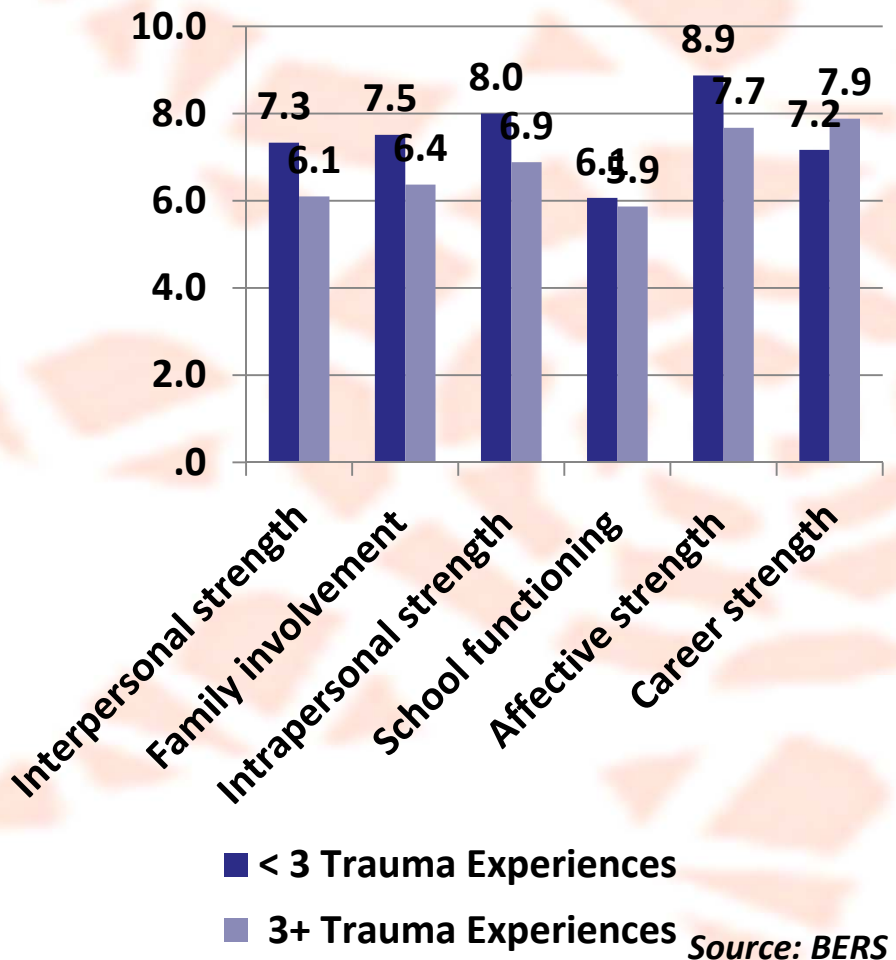
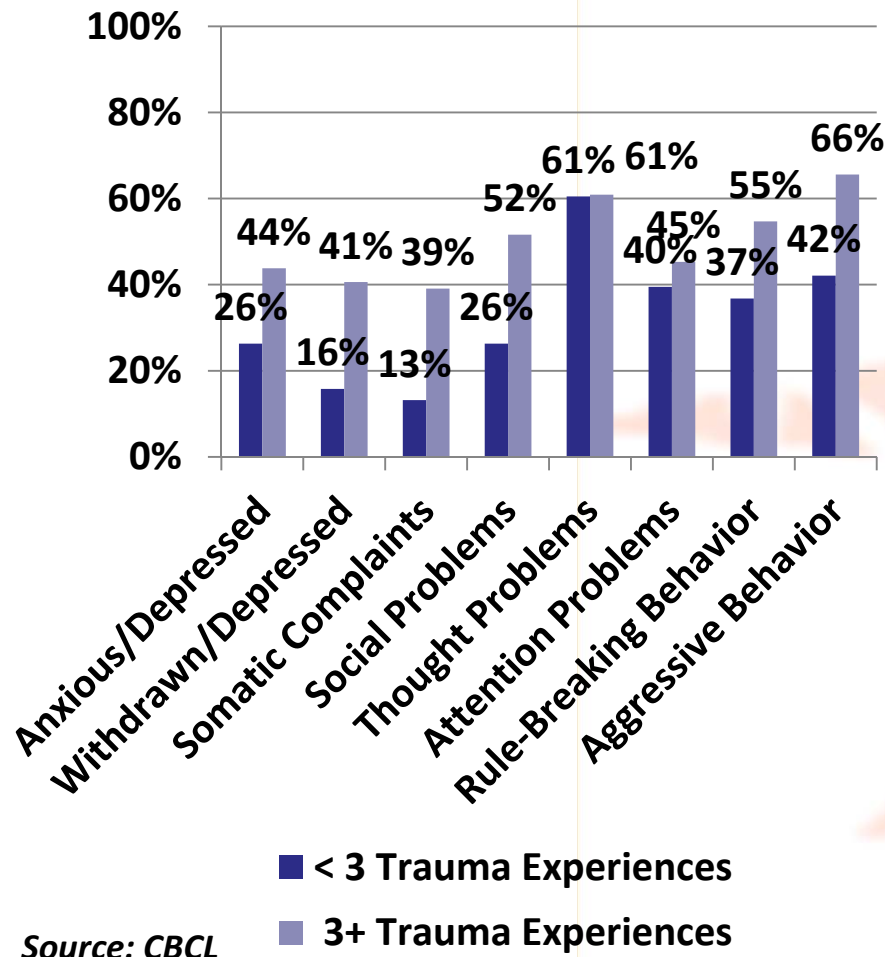
Symptoms of Trauma in Children and Youth



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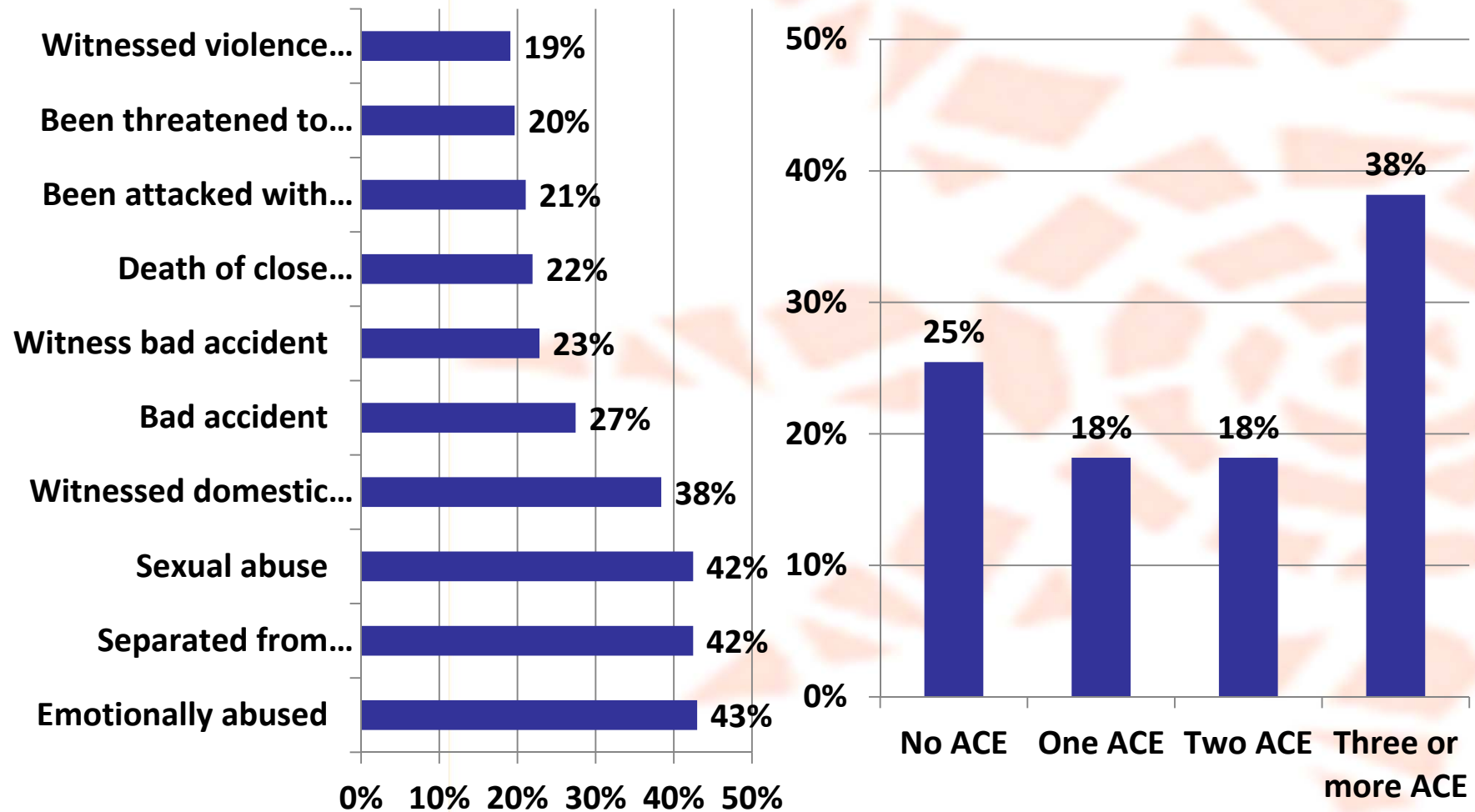
Effects of Trauma on Children and Youth



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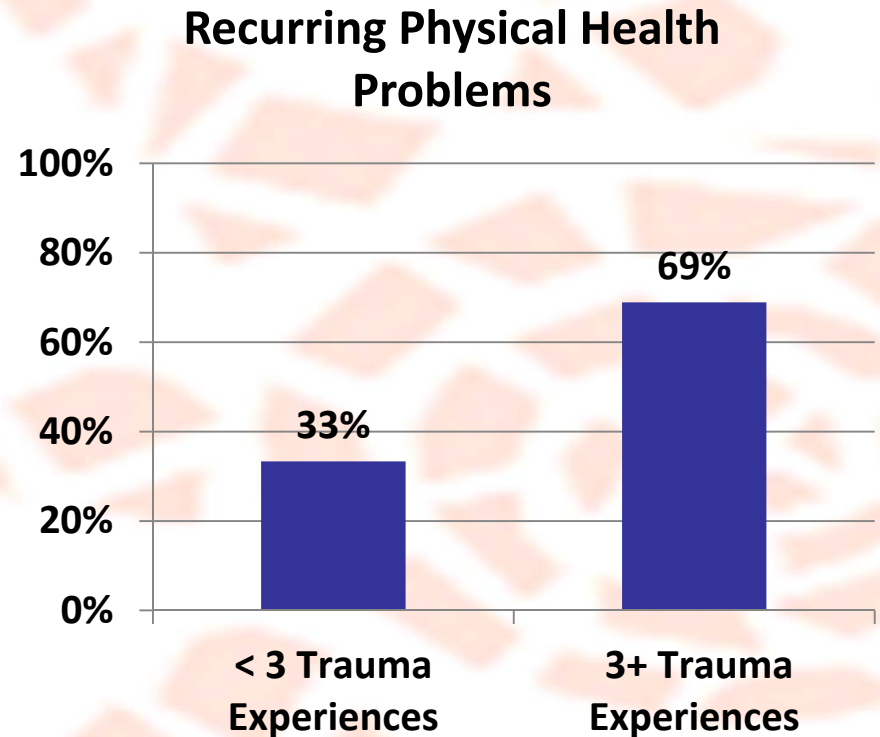
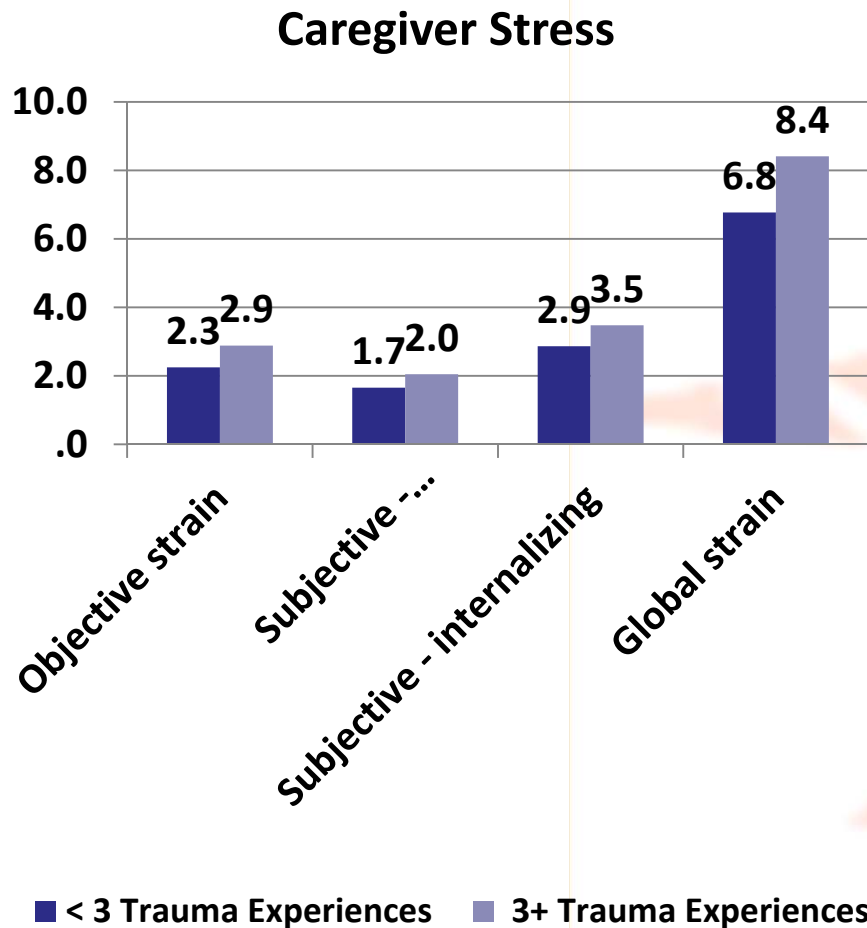
Childhood Trauma Experiences of Caregivers



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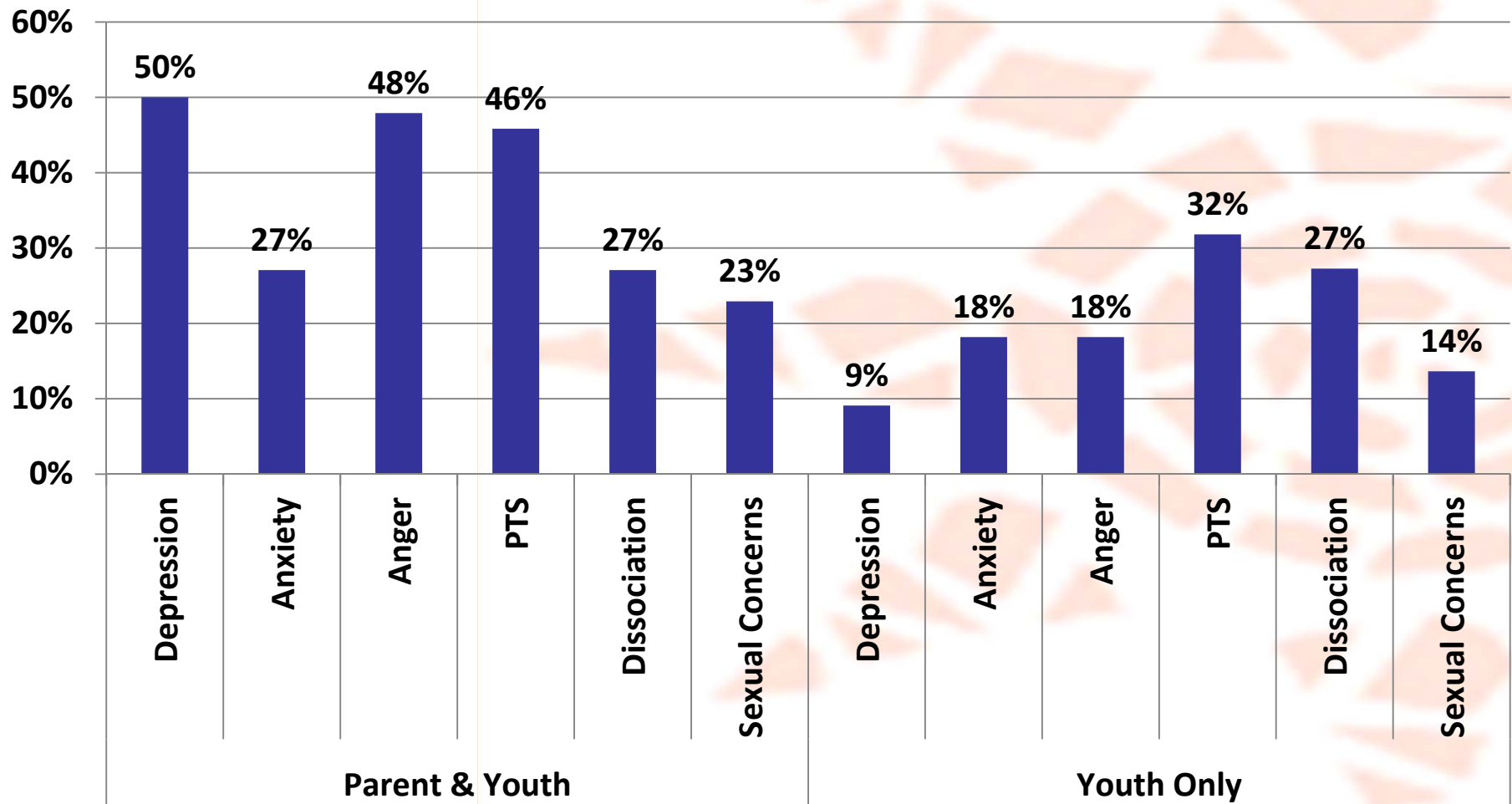
Effects of Trauma on Caregivers



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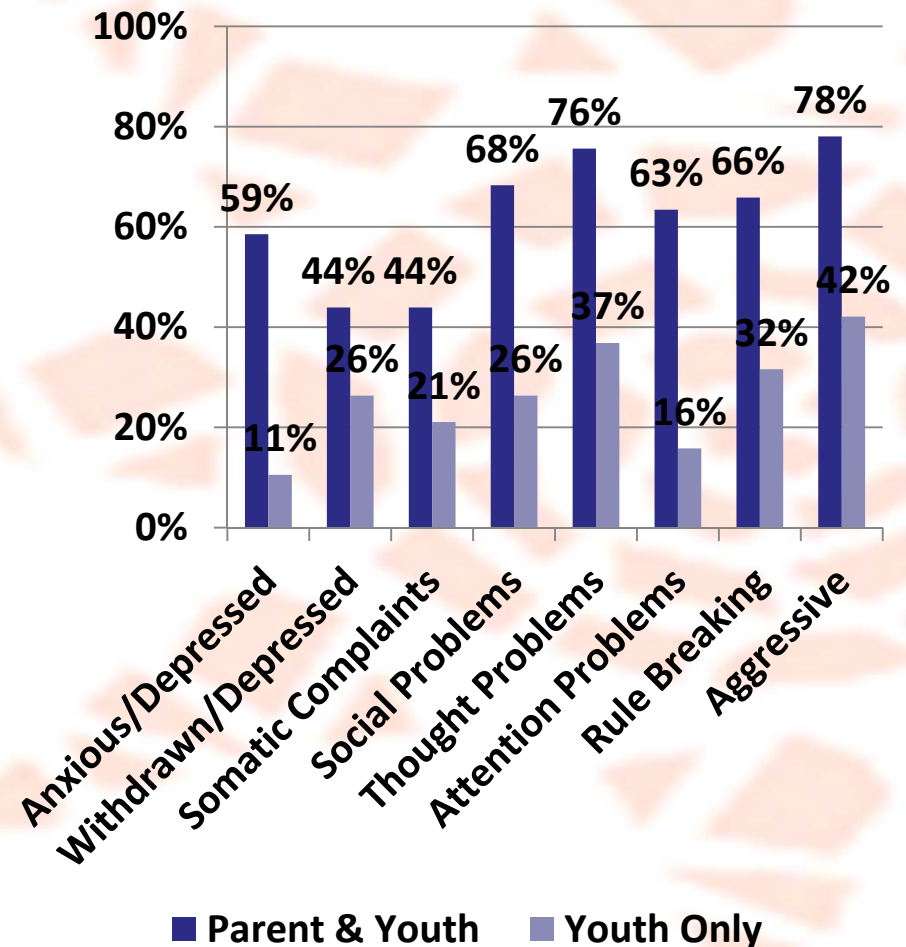
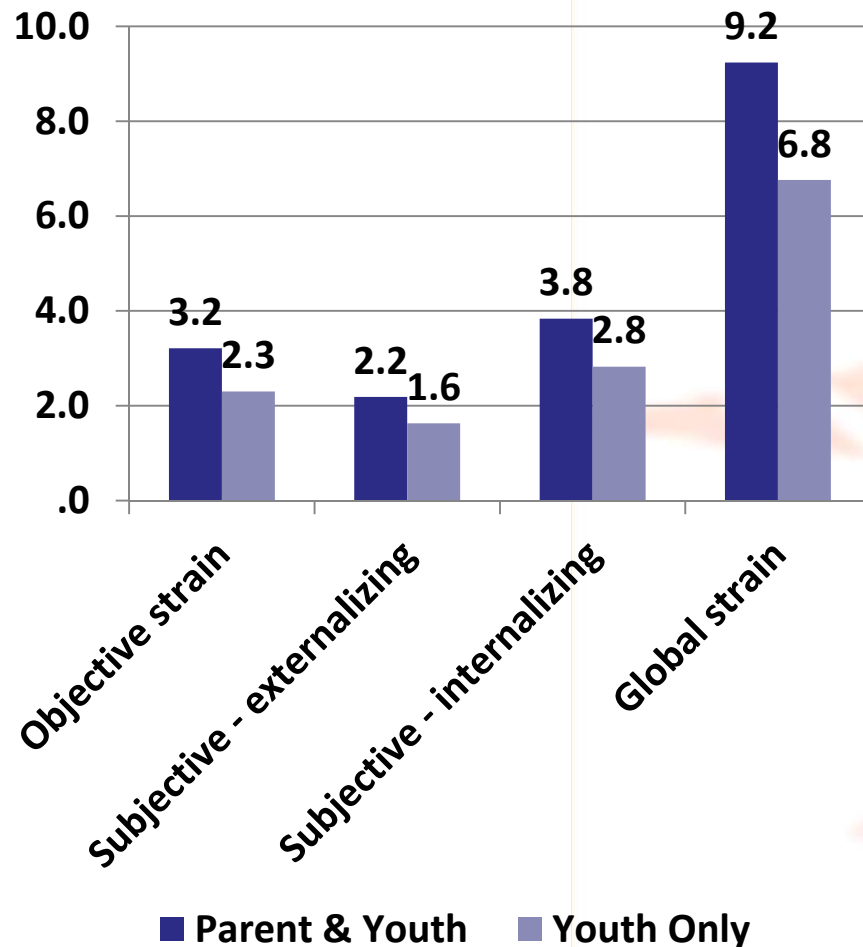
Effects of Intergenerational Trauma on Children/Youth



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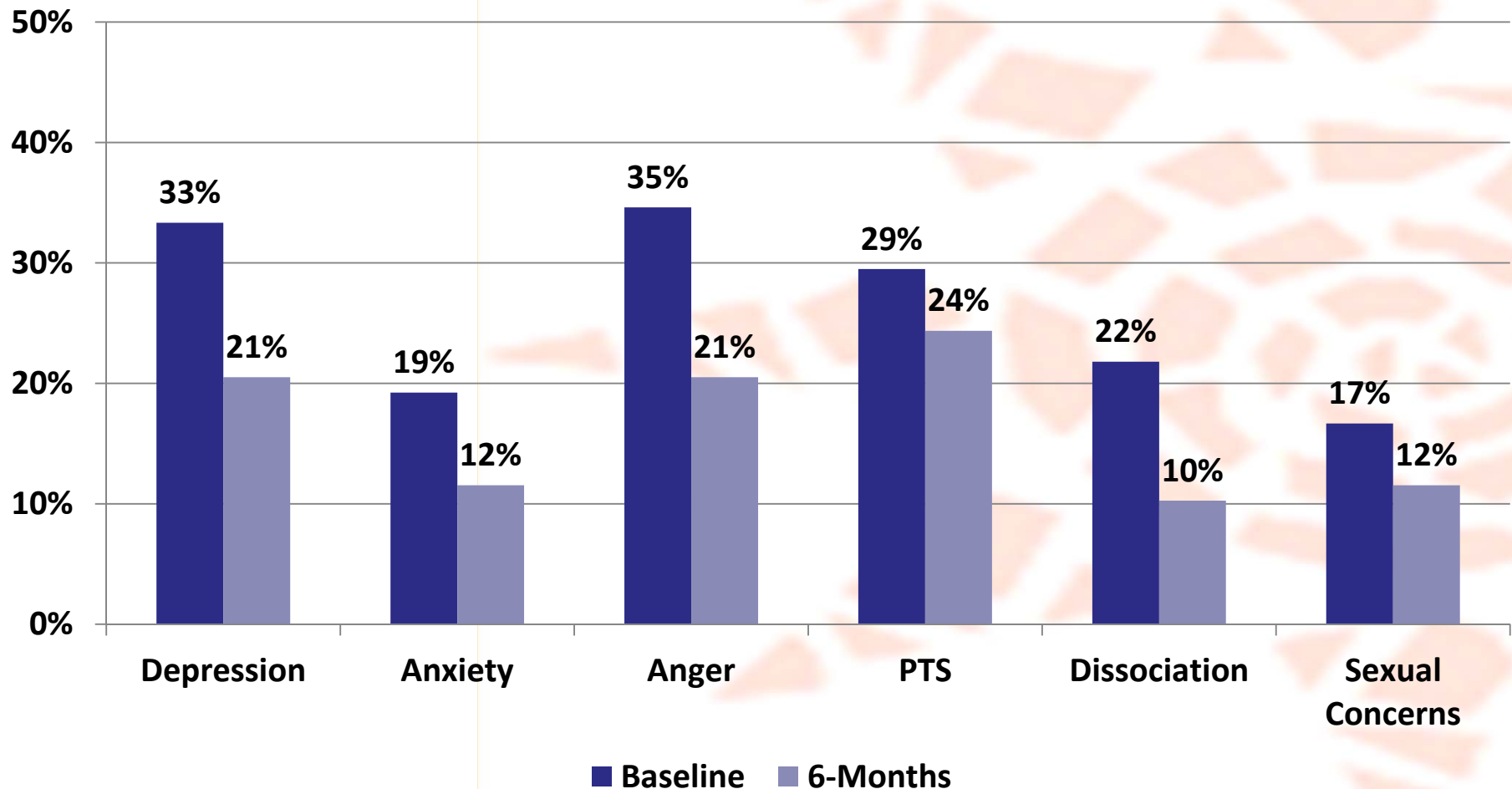
Effects of Intergenerational Trauma on Families



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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.



Can Agencies Change to Accommodate Trauma-informed Practice?

Putting Research into Action



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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

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Trauma Informed Principles	Defining Trauma-Informed	How to Assess Trauma Informed
Safety: physical and emotional	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> •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

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

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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. <u>Youth</u> Empowerment, Choice and Control	78%	x	70%	78%	x	76%
II. <u>Family</u> 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:

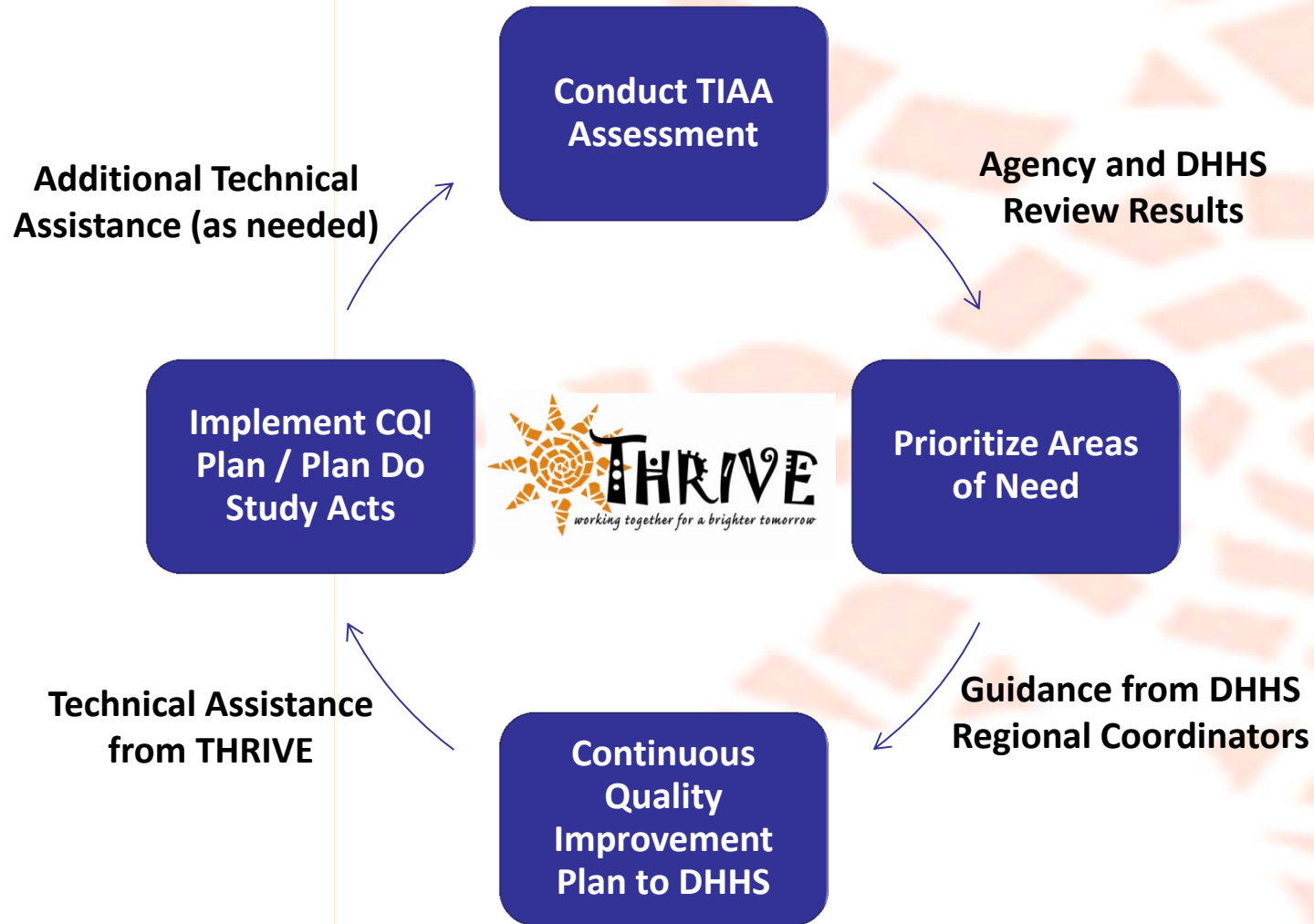
17. The goal of DHHS is that Providers of Children's Behavioral Health Services are integrated in a **Trauma Informed System of Care**. Providers will promote the Federal Substance Abuse and Mental Health Services Administration's (SAMHSA) System of Care Principles of 1) Family Driven, 2) Youth Guided, 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

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Statewide CQI Plan for Systems of Care



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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. <u>Youth</u> Empowerment, Choice and Control	78%	x	66%	78%	x	70%
II. <u>Family</u> 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

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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”

VIDEO

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Good Luck On Your Trauma-Informed Journey!



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