


CHDI Child Health and Development Institute of Connecticut, Inc.

Overview of Statewide Trauma-Informed Systems and Services – Part 1

Connecticut BHP QAC
July 21, 2021

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Vice President for Mental Health Initiatives
Child Health and Development Institute (CHDI)



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Overview

- What is Trauma & Trauma-informed care?
- State systems/policy examples
- Trauma-focused interventions
- Trauma screening

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WHAT IS TRAUMA AND TRAUMA-INFORMED CARE?

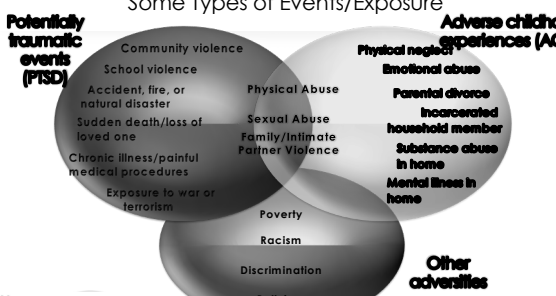
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Some Types of Events/Exposure



Potentially traumatic events (PTE)

- Community violence
- School violence
- Accident, fire, or natural disaster
- Sudden death/loss of loved one
- Chronic illness/painful medical procedures
- Exposure to war or terrorism

Adverse childhood experiences (ACEs)

- Physical neglect
- Emotional abuse
- Parental divorce
- Incarcerated household member
- Substance abuse in home
- Mental illness in home

Other adversities

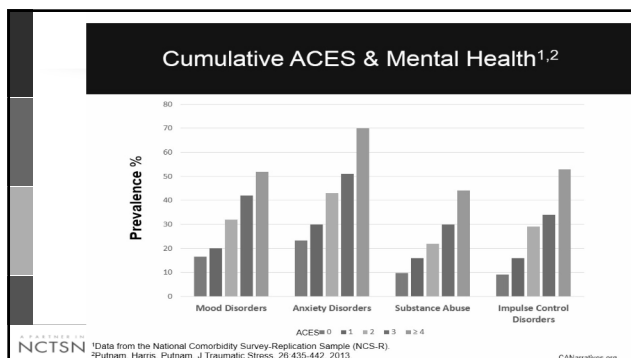
- Poverty
- Racism
- Discrimination
- Bullying

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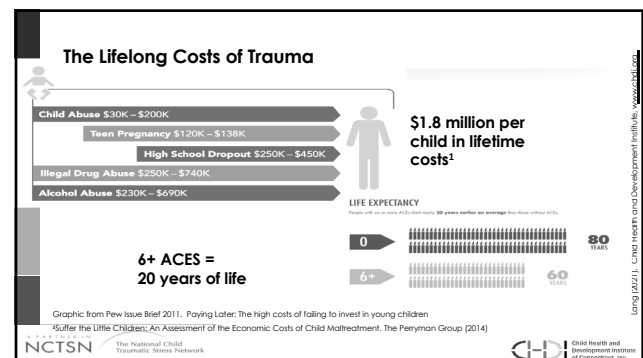
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Now the Good News

- Children are resilient
- Young brains are adaptable
- Prevention & treatment work
- Trauma informed systems exist
- Posttraumatic growth is possible

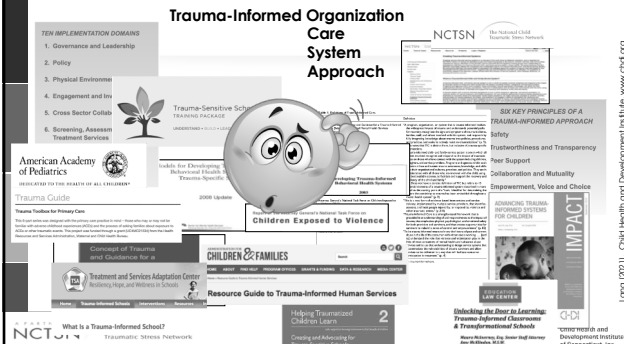



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Trauma-Informed Organization Care System Approach



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TIP 57 SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by SAMHSA's Trauma and Justice Strategic Initiative July 2014

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

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

TEN IMPLEMENTATION DOMAINS


1. Governance and Leadership
2. Policy
3. Physical Environment
4. Engagement and Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training and Workforce Development
8. Progress Monitoring and Quality Assurance
9. Financing
10. Evaluation

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Trauma-informed Care Across Settings



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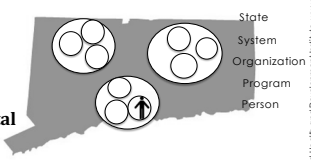
And more....

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Common Domains of Trauma-informed Care

- Workforce Development
- Trauma Focused Services
- Organizational & Environmental Practices



A Critical Look At Trauma-Informed Care Among Agencies and Systems Serving Maltreated Youth and Their Families

Boothell F. Hansen* and Jason Lang*

Trauma Informed Care: A Commentary and Critique

Larry Berliner* and David J. Runtz*

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Measuring "Trauma-Informed"

Starting with a baseline needs assessment

Measures of a trauma-informed approach

- Many measures available (most are free)
- Can be useful to get input from many staff
- Can be useful to look at change over time
- Many "teach to the test"
- Very little research – esp CHILD outcomes



Review of Trauma-Informed Initiatives at the Systems Level

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Misconceptions & Cautions

- Trauma training ≠ "trauma-informed"
- "Trauma informed" does not mean changing everything
- Trauma informed is not a substitute for mental health/socioemotional development, and requires a focus on resiliency and protective factors
- Not everything is trauma
- We have a lot to learn about what strategies work best for children (and measurement)
- Avoidance is a hallmark of trauma, including with professionals

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Pop Quiz: Putting it all together



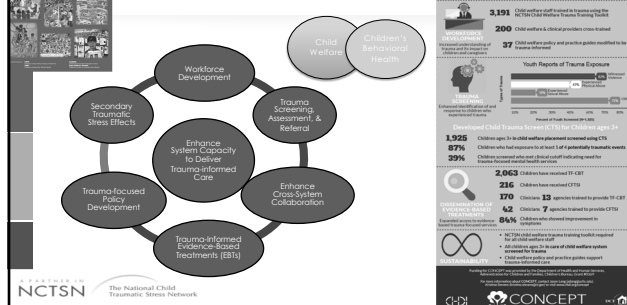
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Abbreviated History of statewide TIC in CT

- 2007: Statewide Trauma Summit
- 2007-2012: TF-CBT dissemination
- 2010: Child FIRST LC
- 2011-2018: Trauma-informed child welfare system (CONCEPT)
- 2012: Newtown tragedy
- 2013-2014: Juvenile justice/behavioral health LCs
- 2014: State Children's BH Plan, PL 13-178
- 2015-: MATCH-ADTC, CBITS/Bounce Back dissemination
- 2016-: ARC; CFTSI; CPP dissemination
- 2018: Multisystem Trauma Informed Collaborative
- 2019: Trauma-informed schools (AWARE grant)
- 2020: CDC PACEs Grant to OEC; ScreenTIME

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Child Welfare System (CONCEPT)



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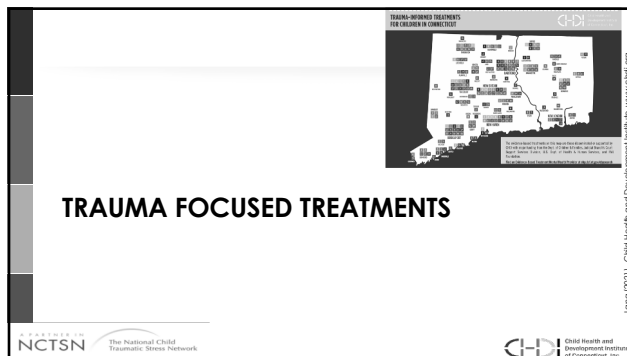
Trauma-Informed Schools (AWARE example)

- Local control
- SEL and Behavioral health
- Middletown, Naugatuck, Windham



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TRAUMA FOCUSED TREATMENTS



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Some Widely Available Trauma Treatments in CT

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT): clinic-based, age 3-18
- Modular Approach to Therapy for Children (MATCH): clinic-based, age 6-15, anxiety, depression, conduct, & trauma
- Attachment, Regulation, & Competency (ARC): clinic-based, age 3-17
- Child Parent Psychotherapy (CPP): clinic-based, age 0-5, dyadic
- Child and Family Traumatic Stress Intervention (CFTSI): peritraumatic; clinic-based, age 6-17, brief
- CBITS & Bounce Back: school-based, grades K-12, group
- Child FIRST: home-based, up to age 5, uses CPP+care coordination

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Sites Providing EBTs FY08

11 sites
~35 clinicians

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Sites Providing EBTs FY18

186 sites
1,300+ clinicians

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Access & Outcomes

Access

Children Receiving EBTs Annually

Child PTSD Symptoms (TF-CBT)

Communicating (EBTs & Disparities)

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Public Directory of Evidence-Based Treatments (EBTs)

www.kidmentalhealthinfo.com

Welcome to the Child & Adolescent Evidence-Based Practice Directory

This directory lists providers of state evidence-based practice available in Connecticut for children and services with behavioral health needs. Evidence-based practice are those supported by research showing that they work for most children. The following practices are available:

Practice Model	Appropriate for	Age Range	Format
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Distress caused by violence, abuse, or other trauma	7-17	Group-based, school-based
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and/or Conduct Problems (MATCH)	Anxiety, depression, trauma, and/or conduct problems, and/or trauma	6-15	Individual, clinic-based
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	Distress caused by violence, abuse, sexual abuse, or other trauma	3-17	Individual (caregiver preferred), clinic-based

Find an Evidence-Based Practice Provider

Location: Practice Model: Search

More at: www.211ct.org

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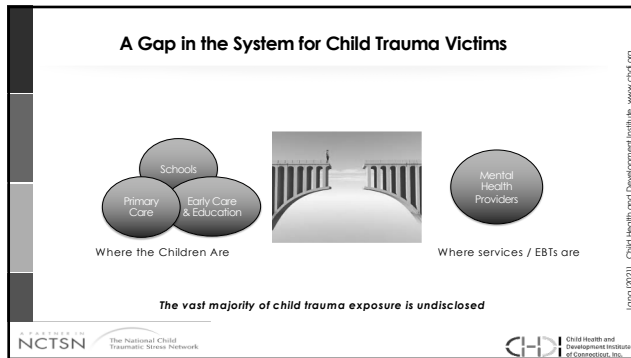
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TRAUMA SCREENING

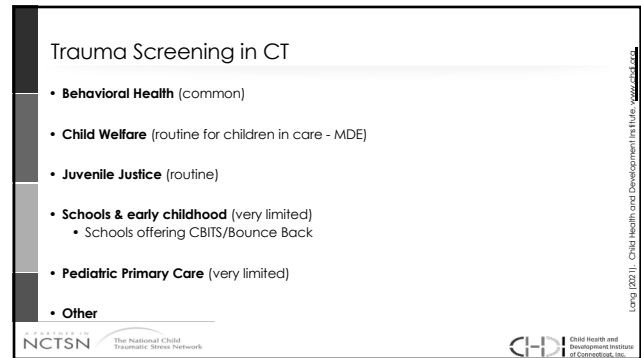
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Inside the Adverse Childhood Experience Score: Strengths, Limitations, and Misapplications

Robert F. Anda, MD, MS,¹ Laura E. Porter, BA,² David W. Brown, DSc, MS&HL, MS³

Abstract

risk, thus, the ACE score is not suitable for screening individuals and assigning risk for use in decision making about need for services or treatment. Researchers are **struggling** to modify, improve, and expand the use of the ACE score. The ACE questionnaire was designed to research—not screen—the relationship between childhood adversities and health and social outcomes. There are **inferences** about an individual's risk for health or social problems should not be made based upon an ACE score, and no arbitrary ACE score, or range of scores, should be designated as a cut point for decision making or used to infer knowledge about individual risk for health outcomes.

Evidence does not support using the ACE questionnaire as an individual screening tool

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Screening is Feasible and Helpful

- **Child welfare and JJ staff in CT report**
 - ~92% easy to administer
 - ~55% enhanced understanding of youth's needs
 - ~26% changed treatment plan
 - High levels of distress were rare (<2%)

Issue Brief 75 - Screening Youth in the Child Welfare and Juvenile Justice Systems for Trauma

November 12, 2020

CHDI Child Health and Development Institute of Connecticut, Inc.

ISSUE BRIEF

Screening Youth in the Child Welfare and Juvenile Justice Systems for Trauma:

Data from Connecticut Show It is Practical, Useful, and Effective

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Re-traumatize??

Clinical Psychology Review
Volume 45, August 2015, Pages 40-54

Does it hurt to ask? A meta-analysis of participant reactions to trauma research

Anissa E. Jaffe, A. P. David Dill, Lisa Hoffman, Michelle Haskins, Rita E. Dykstra

- Meta analysis of 73,959 participants across 70 studies
- Some distress reported, esp. for people with PTSD

"However, individuals generally find **research participation to be a positive experience and do not regret participation**, regardless of trauma history or PTSD."

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Trauma ScreenTIME

- SAMHSA National Child Traumatic Stress Network
- Interactive online training in trauma screening for child-serving systems
- First Module ~December 2021

Schools

Primary Care

Early Childhood

Child Welfare

Juvenile Justice

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Next Steps/Considerations

- Aligning goals across all child/family serving systems
 - Collaboration/communication
- Integrating TIC into day to day practice
- Policies that support TIC
 - Reimbursement for screening & trauma-focused services
- Workforce Development (and wellness)
- Making screening/talking about trauma part of routine practice

Public awareness
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Additional Resources

- National Child Traumatic Stress Network www.nctsn.org
- Adverse Childhood Experiences Study: www.acesstudy.org
- Aces Connection: www.acesconnection.com
- Building Resilience: www.compassionresiliencetoolkit.org
- JBS International: <https://trauma.jbsinternational.com/Traumatool/>
- Centers for Disease Control: <https://www.cdc.gov/features/prevent-childhood-trauma/index.html>

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Trauma Informed Care: Perspectives and Resources
A National Child Traumatic Stress Network Resource for Children's Mental Health

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Thank you!

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"In the brain, as in the economy, getting it right the first time is ultimately more effective and less costly than trying to fix it later. "

James Heckman
Nobel Laureate Economist

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