From Awareness to Action: Enhancing Trauma-Informed Child Welfare Systems

RI CIP Conference 2024

Presented By:
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Welcome and Introductions

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AGENDA

01 Trauma and Maltreatment

02 Impacts of Trauma and Maltreatment & Trauma-Focused Intervention Overview

03 Defining a Trauma-Informed Child Welfare System & Relevant RIFC Initiatives

04 Practical Implications

05 Conclusion / Discussion

Take Out Your Phones and Share Your Thoughts

What comes to mind when you hear the terms “maltreatment” or “traumatic event”?

Join by Web

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Text MGRANT050 to 37607 to join, then text your response to 37607

Maltreatment vs. Traumatic Events

MALTREATMENT

Any abuse or neglect that could harm a child's health, development, survival, or dignity.

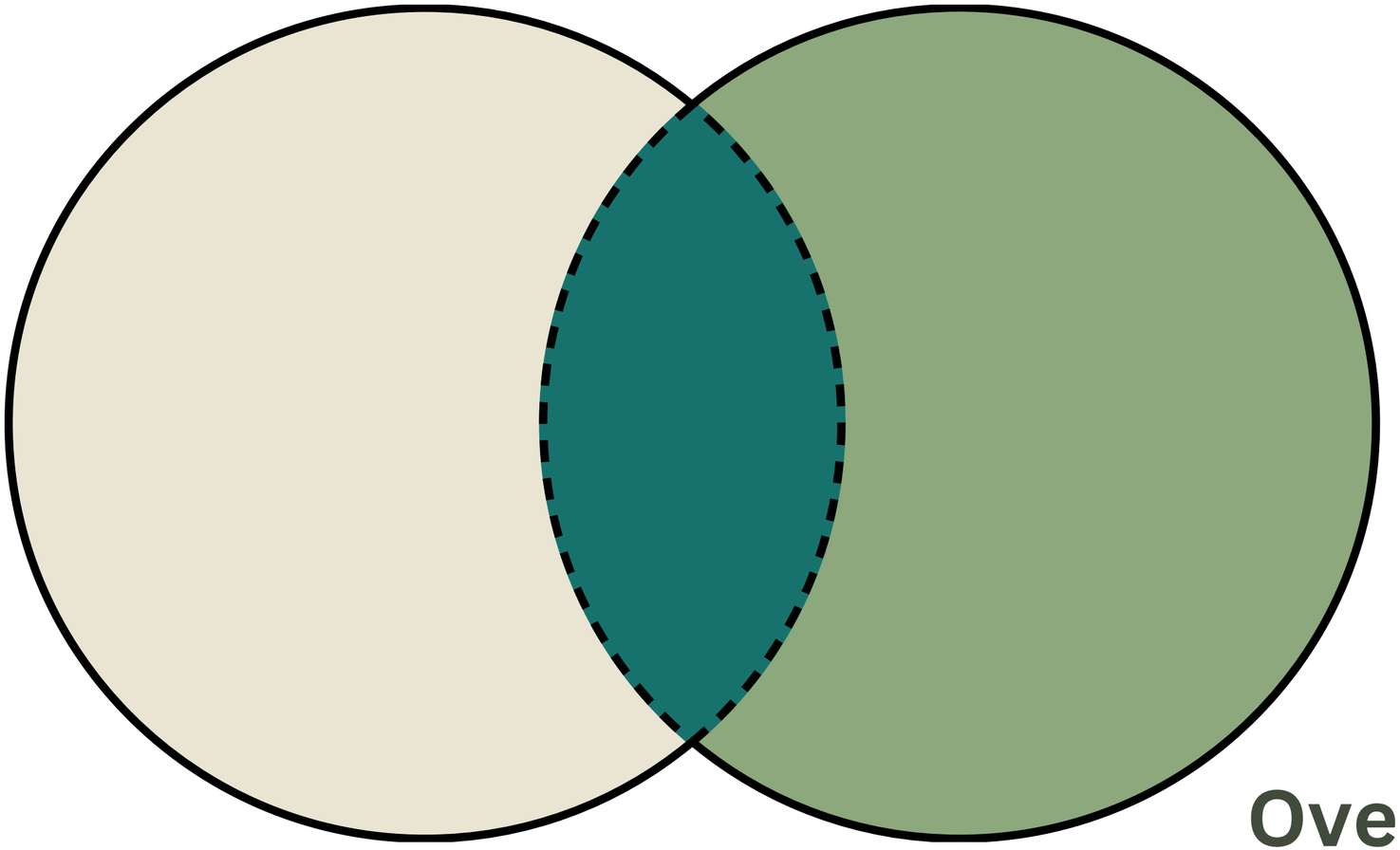
- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

TRAUMATIC EVENT *(DSM-5 Defined)*

Experiences that involve actual or threatened death, serious injury or sexual violence.

- Direct experience
- Witnessing
- Learning of an event from a close friend/family member
- Repeated experiences or extreme exposure to aversive details

Maltreatment vs. Traumatic Events



Overlap, but distinct
Individual perception

Take Out Your Phones and Share Your Thoughts

What potentially traumatic events have you noticed most often in your work with RI youth?

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Developmental Stage & Trauma Exposure

- Due to stage of development, youth may consider other types of events to be potentially traumatic
  - Separation from a caregiver
  - Parental arrest/incarceration
  - Self-injury or suicidal behavior
  - Anticipated death of a loved one
  - Witnessing parental drug use

Trauma Exposure

Among Youth Involved in the Child Welfare System

- Involvement in the child welfare system **implies some exposure** to abuse or neglect

- Many studies assessing trauma in child welfare populations focus on *maltreatment
  - Overlooking experiences of *traumatic events

- Child welfare records (i.e., substantiated cases) underestimate the rates of maltreatment

**Maltreatment - Any abuse or neglect that could harm a child's health, development, survival, or dignity.*

**Traumatic Events - Direct or witnessed experiences that involve actual or threatened death, serious injury or sexual violence.*

Trauma Exposure

Among Youth Involved in the Child Welfare System

- Many youth experience **polyvictimization** (i.e., multiple types of victimization/traumatic events)

- Cyr et al., 2012: **54% of their sample reported exposure to 4+ events**
  - Most common events endorsed:
    - 48% endorsed assault by peer or sibling
    - 42% witnessed assault with a weapon
    - 39% reported past-year maltreatment

- Data from RIFC also echoes that many youth involved in the child welfare system report polyvictimization

Take Out Your Phones and Share Your Thoughts

In your opinion what do trauma reactions look like in children and adolescents?

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Impacts of Trauma Exposure

DISRUPTIONS

- Meeting Developmental Milestones
- Cognitive Development (e.g., learning, attention, focus)
- Brain/Neural Network Development
- Sources of Resilience (e.g., relationships)
- Social Competence
- Emotion Regulation

STRESS RESPONSE SYSTEM

- Increased Health Risks
- Increased risk for engaging in risk behaviors (substance use, illegal behaviors)
- Immune System Impairments
- Increased Difficulties with Self regulation

Impacts of Trauma Exposure

RISK FOR MENTAL HEALTH SYMPTOMS

- Posttraumatic Stress Disorder
- Substance Use Disorders
- Depressive Disorders
- Anxiety Disorders
- Disruptive Behavior Disorders

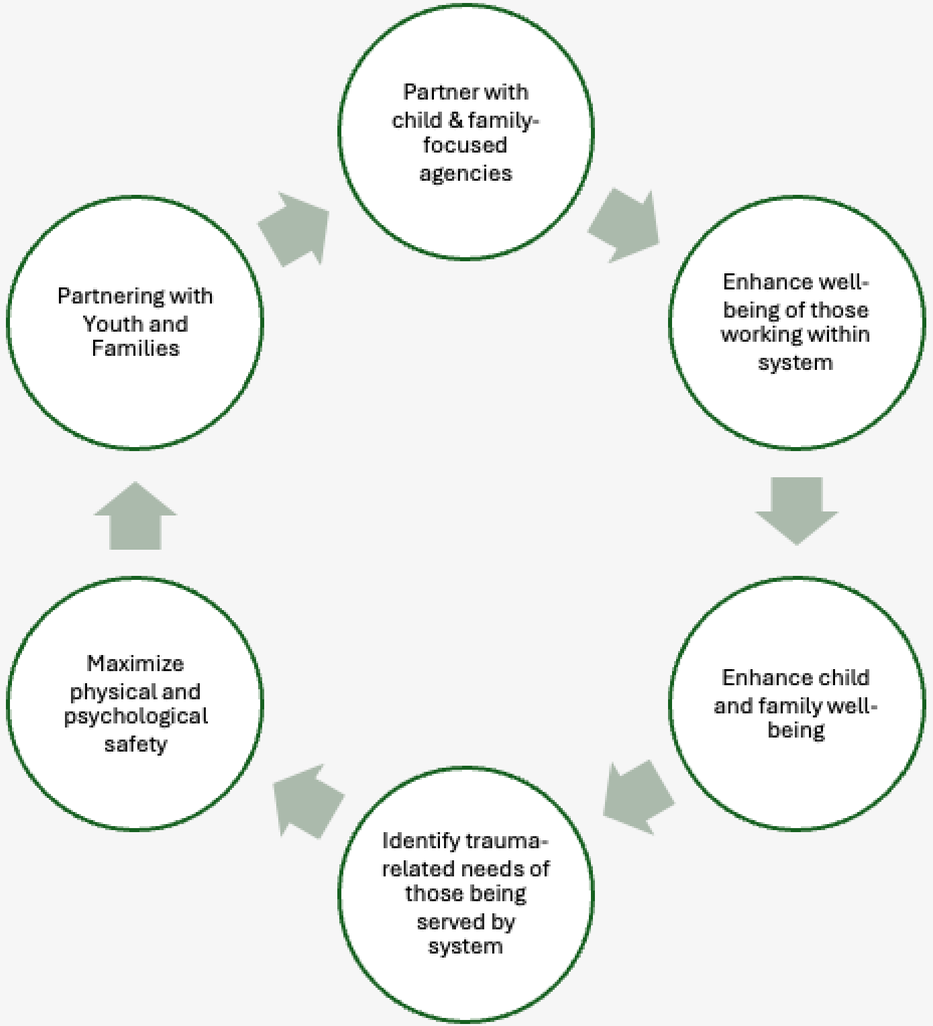
Posttraumatic Stress in Child Welfare-Involved Youth

- Youth involved in the child welfare system evidence higher rates of posttraumatic stress
- Prior research shows that youth placed in out of home care show higher rates of PTSD than youth who are maintained in their home of origin
- RIFC data demonstrates that **27% of youth involved previous CIP project** evidenced clinically significant posttraumatic stress symptoms
- Many youth experience functional impairment despite not meeting full diagnostic criteria for PTSD

Treating Posttraumatic Stress in Youth

- Common components: parental involvement (a lot or a little, depending on modality), coping strategies, cognitive restructuring, exposure, narrative, safety planning, risk recognition
  - Trauma Systems Therapy
  - Parent-Child Interaction Therapy
  - Traumatic & Grief Components Therapy
  - Trauma-Focused Cognitive Behavioral Therapy
  - Cognitive Processing Therapy (adolescents)
  - Eye Movement and Desensitization and Reprocessing Therapy*

Trauma-Informed Child Welfare System--Essential Elements



Trauma-Informed RIFC Initiatives: Trauma-Focused Evals

- Project at the Rhode Island Family court between 2017-2019
- Provided funding for one evaluation per week to be conducted with child welfare-involved youth in out-of-home placements
  - Evaluation resulted in comprehensive psychiatric formulation and recommendations that was submitted to the presiding judge
- Goal was to assess whether completing a trauma-focused mental health evaluation impacted permanency outcomes among youth placed in out-of-home care
- Permanency outcomes compared to youth who make their way through the child welfare system as usual

Criteria: Children had to be between 8-16yo, in out-of-home care, pretrial phase, endorse one traumatic event on Child Trauma Screen
Eligible youth and caregivers approached after court hearing
For interested families, court staff scheduled separate appointment at family home and child placement to complete questionnaires and orient to evaluation appointment
During in-home appointment, randomization occurred as was communicated to staff conducting pre-eval appointment
Evaluation Group: Completed comprehensive, trauma-focused mental health evaluation at RIFC mental health clinic
Care as Usual Group: Proceeded through child welfare system as normal

What did we find?

Eval N= 68; Usual Care = 57

Compared to youth in Usual Care, youth assigned to the eval group achieved permanency (i.e., case closer) on average ***8 months sooner***

What's next for this project?

Continuing to examine longitudinal follow up date

Evaluations through this avenue have ended due to CIP funding transition/new project

Continue to explore future funding/grant opportunities

Current Focus: Families involved in Emergency Removals and Social Determinants of Health

SDOH AND TRAUMA EXPOSURE

- Poverty
- Unstable Housing
- Homelessness
- Community Violence
- Discrimination and Racism
- Caregiver mental health and substance use
- Peer victimization or Bullying
- High Crime Communities
- Limited Access to Healthcare Services
- Negative / Harsh Parenting Practices
- Domestic Violence

Trauma-Informed RIFC Initiatives: Current Focus

- Families involved in an emergency removal hearing (ex parte hearing)
  - Move up hearing to within a week (ideally) of removal
- Focus on youth and families who are not served by other RIFC specialty courts (i.e., Family Treatment Drug Court, Safe and Secure Baby Court)
  - Cases that do not primarily indicate drug use and primary contributor to removal
  - Cases that do not primary focus on children <2
  - Exclude parents under investigation for abuse
- Focus on one judge's calendar

Trauma-Informed RIFC Initiatives: Current Focus

- Eligible and interested families meet with CIP staff to complete trauma-informed assessment
  - Staff sit in on hearings, try to make contact with family and/or DCYF worker right after
- Assess needs related to SDOH:
  - Housing
  - Domestic violence
  - Mental health (parent and child)
  - Education
  - Medical
  - Child care
- Submit report to judge with recommendations prior to next hearing

Trauma-Informed RIFC Initiatives: Current Focus

- ~20% of ex parte hearings eligible for CIP (vs. FTFC or SSBC)
- Most common areas of need so far:
  - Caregiver mental health
  - Child mental health
  - Housing/Rental assistance
  - Basic needs

Practical Implications for Enhancing Resilience and Recovery

PROFESSIONALS ACROSS SYSTEMS

DEVELOPMENTALLY APPROPRIATE COMMUNICATION

- Use developmentally appropriate language to child's age and cognitive abilities; expect appropriate level of engagement
- Avoid introducing new terms (or details of case) that may be unfamiliar to child

CROSS-SYSTEM COLLABORATION

- Clear and open communication
- Recognizing when (and when not) to share the information you gather from the youth/family

PREPARE FOR AND RESPOND TO TRAUMA REACTIONS

- Range of reactions
- Secondary traumatic stress
  - Ensure self care strategies

LASHING OUT
DEFIANCE OR DISRESPECT*
DIFFICULTY FOLLOWING QUESTIONS
SHUTTING DOWN
JUMPY OR FIDGETY
SPEAKING LOUDER OR FASTER
FLIGHT FROM SITUATION
REGRESSIVE BEHAVIORS
AVOID ANSWERING QUESTIONS

Practical Implications

DIVISION OF FAMILY SERVICES / COMMUNITY PROVIDERS

TREATMENT INTERVENTION AND ACCESS

- Need to increase access to evidence-based trauma-informed and trauma-focused interventions
- Lack of professionals and supervisors with expertise in trauma-focused interventions-->funding focused on increasing workforce?

COORDINATED CARE

- Individuals with histories of trauma exposure and/or traumatic stress often require increased case management
- When involved in behavioral health treatment, care coordination should prioritize involvement in trauma-focused interventions if indicated
    - Other treatments are not a substitute
- Placement stability/instability and degree of physical and psychological safety can impact involvement

PROSOCIAL ENGAGEMENT

- Kids need to have fun!
- Supporting development of positive relationships and engagement I activities builds resilience

Practical Implications

LEGAL PROFESSIONALS

ADOPT A TRAUMA-INFORMED STANCE

TRANSPARENCY

CLIENT CONTROL

RELIABILITY

PATIENCE

PROACTIVE SUPPORT

PREDICTABILITY

LEGAL PRACTICE CONSIDERATIONS

- Ensure understanding by asking clients to explain what they understand from conversations. Encourage questions.
  - Silence ≠ Understanding
- Prepare clients for what others will say about them.
- Prepare for responding.
- Help others contextualize the child's behavior(s)

Practical Implications

SCHOOL PERSONNEL

ESTABLISH A TRAUMA-INFORMED CLIMATE

- Recognize how posttrauamatic reactions can manifest in a school environment
- Provide students experience posttraumatic stress and other behavioral/emotional dsyregulation opportunity to learn and practice coping skills
- Offer professional trainings for staff that focus on trauma-informed policies

PROMOTE EQUITABLE AND INCLUSIVE POLICIES AND PRACTICES

- Recognize how posttrauamatic reactions can manifest in a school environment
- Evaluate and establish disciplinary policies; ensure these are trauma-informed and culturally responsive

STRENGTHEN FAMILY-SCHOOL PARTNERSHIPS

- Involve families in decision-making processes
- Recognize that other members of the family like have also experienced a traumatic event and/or are experiencing traumatic reactions

SHARE YOUR THOUGHTS

IN WHAT WAYS MIGHT YOU ADAPT YOUR WORK TO APPLY TRAUMA-INFORMED PRINCIPLES?

HOW MIGHT YOUR AGENCY CONTRIBUTE TO ENHANCING A TRAUMA-INFORMED CHILD WELFARE SYSTEM IN RI?

thank you

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Case Vignette

Highlights

- 16 year old male
- Group home placement
- 1.5 years out-of-home placement
  - 2 foster home disruptions
- Trauma Hx:
  - Homelessness, caregiver disruption, DV, parental substance use, physical abuse, *sexual abuse*
- JJ Involvement; 2 incidents of physical altercations
  - 1 meeting with attorney
- Education: Learning difficulties, prior IEP, multiple school transfers, declining school functioning

Case Vignette

Keep this youth in mind

Omari is a 16-year-old male currently living in a group home. Omari has been in out-of-home placement for about 1.5 years; he was originally placed in a kinship foster placement, which disrupted. He was then placed in a non-relative foster placement, which also was disrupted approximately 6 months ago. Since the latest placement disruption, he has been living in a group home. Per Omari's report, he has a history of homelessness, caregiver disruption, witnessing domestic violence, and witnessing parental substance use. Records note he also has a history of physical and possibly sexual abuse.

Approximately 3 months ago, Omari became involved in the juvenile legal system following two separate physical altercations at the group home and at school. Omari met with his attorney once, though was hesitant to engage and provided short answers to questions (if he responded at all). After the meeting, Omari's attorney reached out to Omari's SCW and stated that Omari was obstinate and rude during their meeting. During a follow up with his SCW, Omari conveyed he was not even aware that he had met with his attorney or what his attorney's name was. Omari has a history of learning difficulties and had an IEP while in middle school, though his IEP has not been in effect for years by reason of changing school districts multiple times due to placement disruptions. Of note, Omari's behavior in school has worsened since his group home placement and he has incurred multiple suspensions for missing class.