Trauma-Informed Approaches to Healing for Children and Families in Rural Communities

Rural Behavioral Health Webinar Series
April 25, 2012

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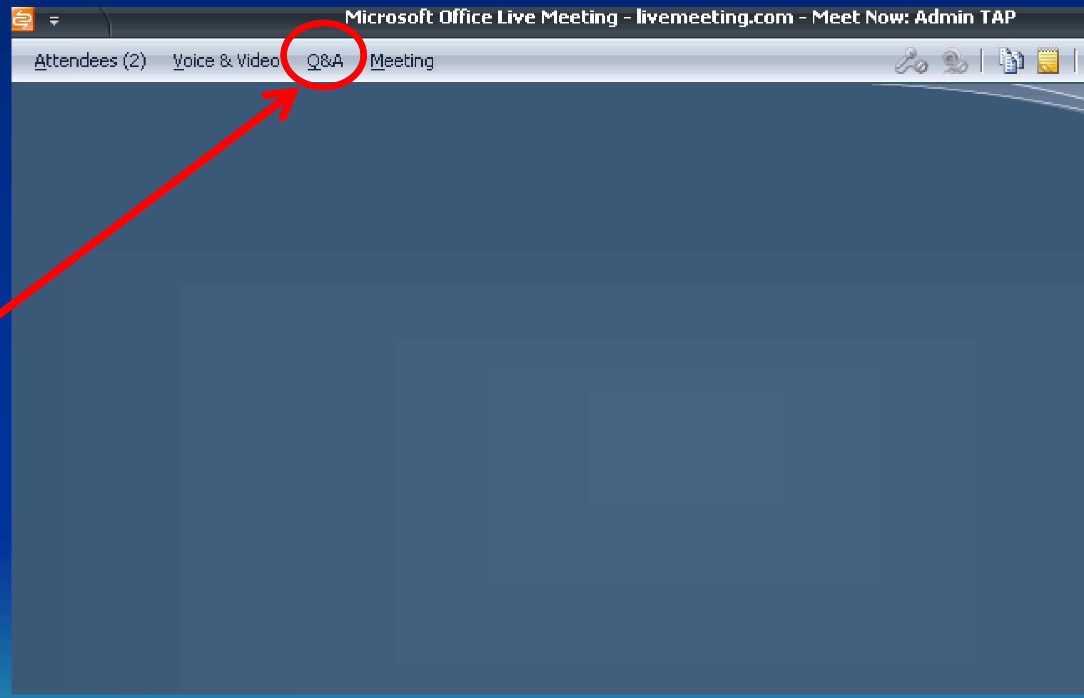

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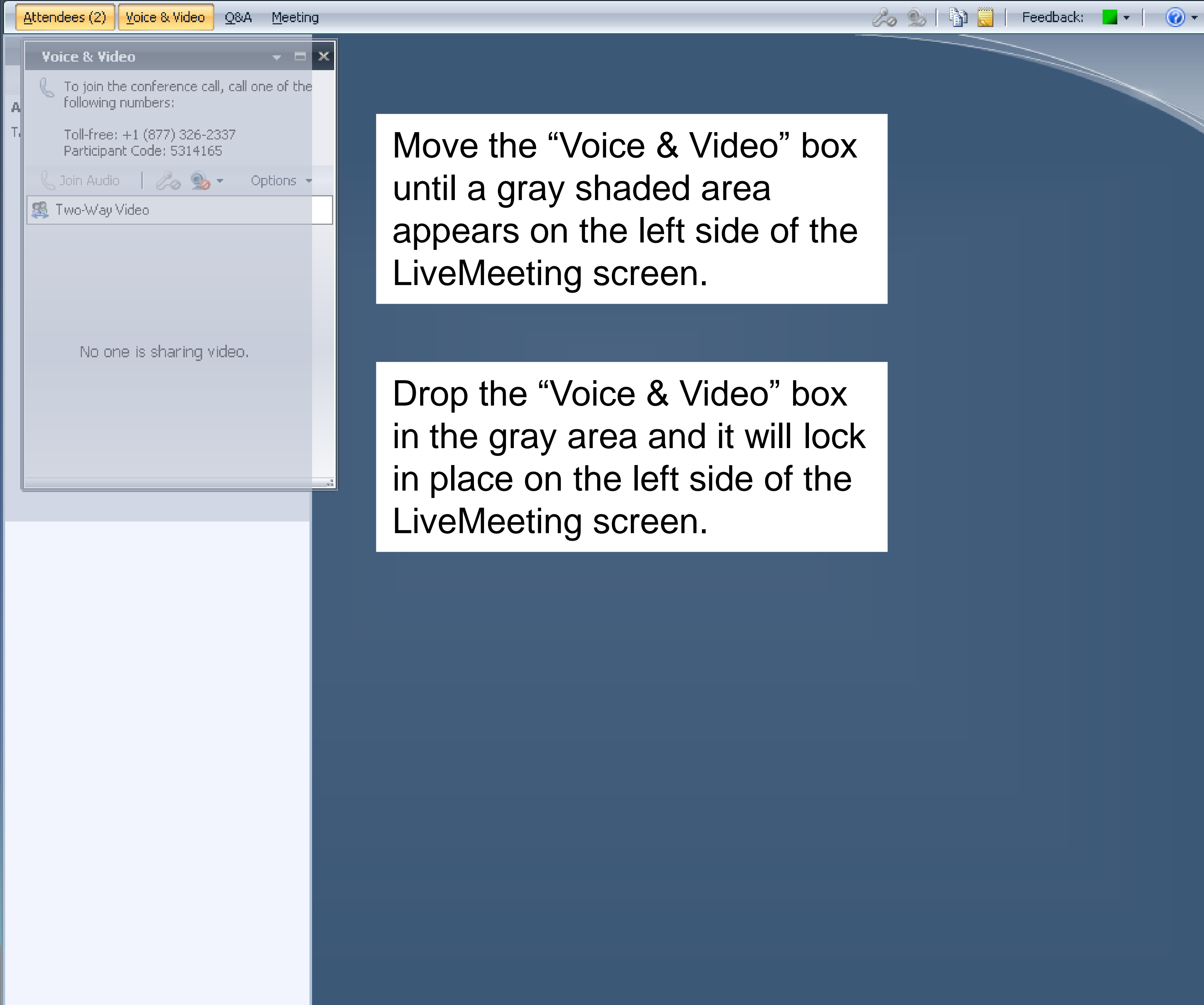

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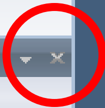

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The Rural Behavioral Health Learning Exchange Focusing on Children and Families

May 15, 2012, 7:30 a.m. – 4:30 p.m.
Anchorage, Alaska
in conjunction with the
2012 National Association for Rural Mental Health Conference

- Alaska Psychiatric Institute
  - Telebehavioral health technology to connect with rural communities

- Facilitated discussion session:
  - Peer-to-peer learning
  - Identify strategies to apply to your community
  - Translate policy, program, and practice lessons

- Registration: http://www.narmh.org/conferences/2012/preconference.aspx
  - *Registration closes Friday, April 27, 2012*

Trauma-Informed Approaches to Healing for Children and Families in Rural Communities

Presenters:

- Ingrid Donato, *Chief*, Mental Health Promotion Branch, Division of Prevention, Traumatic Stress and Special Programs/CMHS, SAMHSA
- Arabella Perez, *Executive Director*, THRIVE Initiative in Maine

SAMHSA's Strategic Initiatives

Mission: To reduce the impact of substance abuse and mental illness on America's communities.

Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness.

Strategic Initiative #2: Trauma and Justice.

Polling Question #1

Is your community/program using public health strategies to prevent mental illness and substance abuse in children, youth and young adults?

- **We are 100% focused on prevention and understand that risk and protective factors impact multiple disorders. We have committed funding to demonstrate commitment.**
- **Prevention is well embedded, but it is not systematic.**
- **We are doing some prevention work, but it is very fragmented.**
- **Prevention is not a priority for our community/program. Our funding priorities are with treatment.**
- **N/A.**

Polling Question #2

What are the CORE Concepts of Prevention?

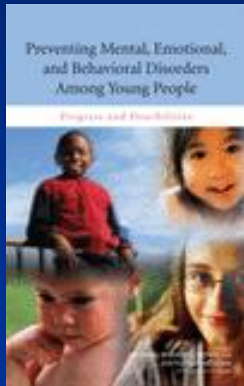
- **Developmental perspective is key.**
- **Mental, emotional, and behavioral disorders are developmental.**
- **Mental health and physical health are inseparable.**
- **Successful prevention is inherently interdisciplinary.**
- **Coordinated community-level systems are needed to support young people.**
- **Prevention requires a paradigm shift.**
- **All of the above.**

Promoting Mental Health, Preventing Mental Illness: A Focus on Children

Core concepts of prevention:

1. Prevention requires a paradigm shift.
2. Mental health and physical health are inseparable.
3. Successful prevention is inherently interdisciplinary.
4. Mental, emotional, and behavioral disorders are developmental.
5. Coordinated community-level systems are needed to support young people.
6. Developmental perspective is key.

Focus on Prevention and Wellness



• Well-designed prevention interventions work.

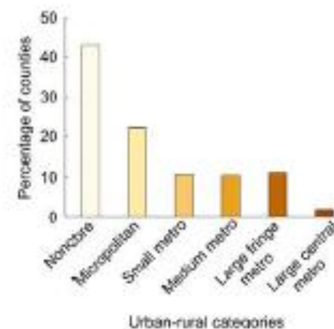
• Prevention and wellness interventions can have multiple benefits that extend beyond a single disorder.

• The key is to identify risks that may increase a child's risk of mental, emotional and behavioral health disorders.

A Future Founded on Prevention

- Families and children have access to the best available, evidence-based, preventive interventions delivered in their communities in a culturally competent and respectful way.
- Preventive interventions are provided as a routine component of school, health, and community service systems.
- Children and their families have multiple points of entry for preventive services (including schools, health care settings, and youth centers).

Urban-Rural Classification, 2006

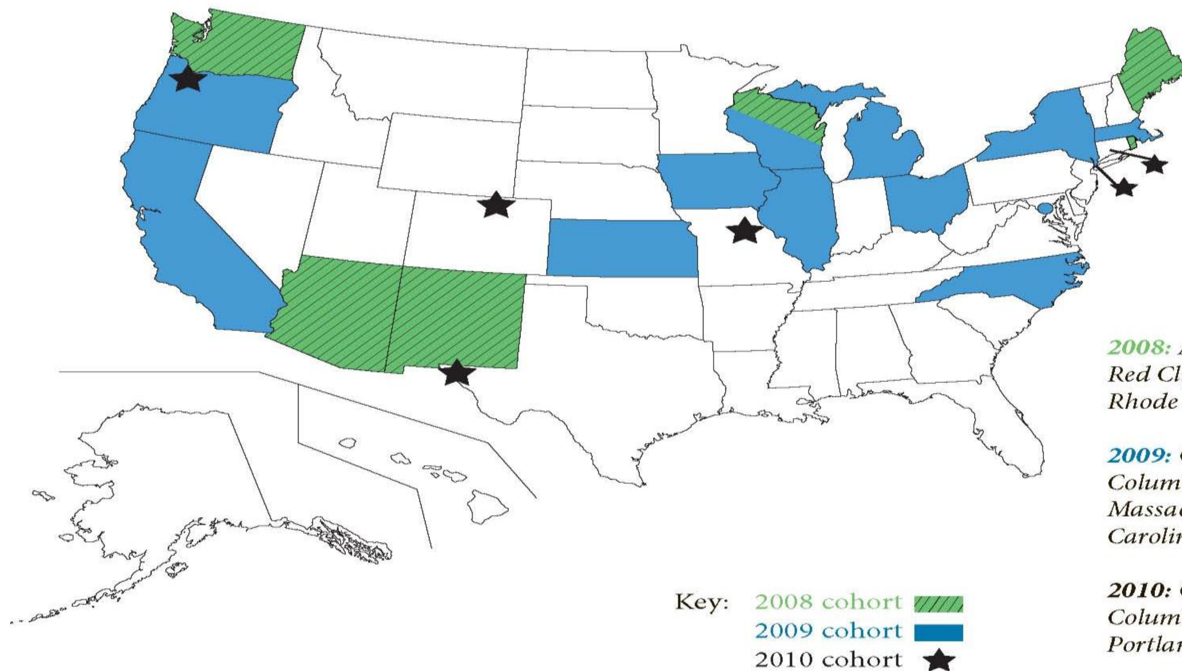


Urban-rural Classification	Number of Counties
Noncore (nonmetro)	1357
Micropolitan (nonmetro)	694
Small metro	341
Medium metro	332
Large fringe metro	353
Large central metro	64

Source: 2006 NCHS Urban-Rural Classification Scheme for Counties

Project LAUNCH

Project LAUNCH Grantees



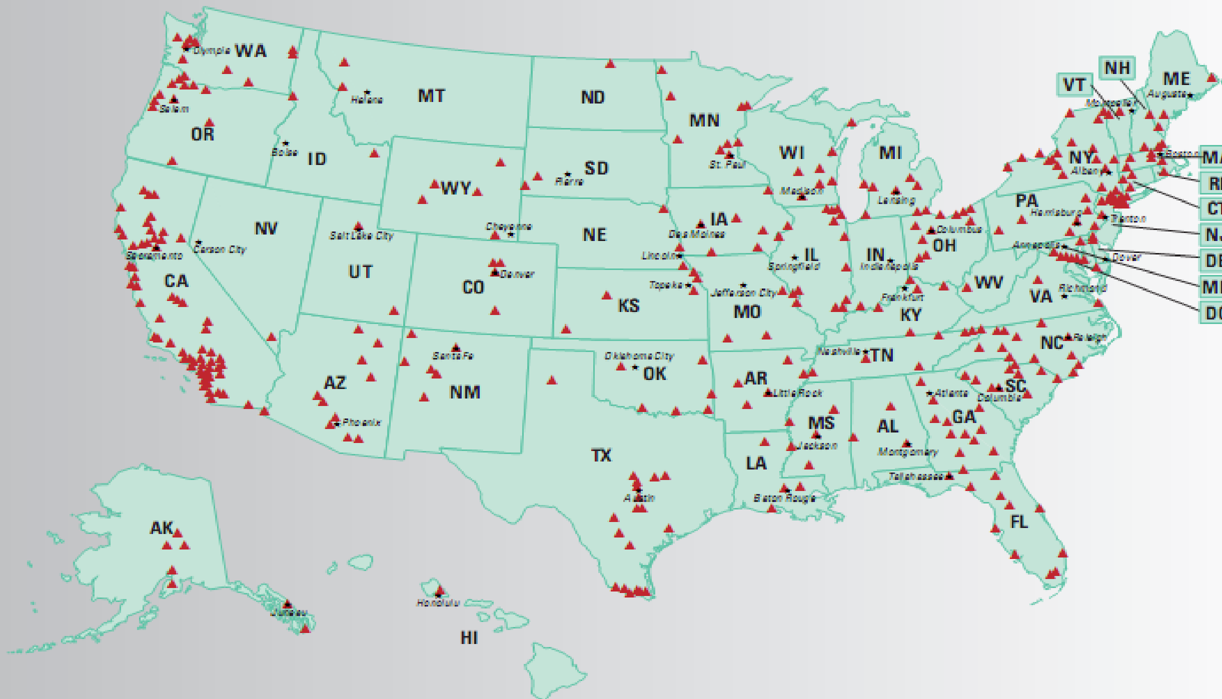
2008: *Arizona, Maine, New Mexico, the Red Cliff Band of Lake Superior Chippewa, Rhode Island, and Washington.*

2009: *California, the District of Columbia, Illinois, Iowa, Kansas, Massachusetts, Michigan, New York, North Carolina, Ohio, Oregon, and Wisconsin.*

2010: *Greeley, CO; Plainville, CT; Columbia, MO; New York, NY; Portland, OR; El Paso, TX*

Prevention Practices in Schools

Reach of Safe Schools/Healthy Students



Over 365 grantees since 1999

Safe Schools/Healthy Students

toolkit.promoteprevent.org

3 Bold Steps for School Community Change
A Toolkit for Community Leaders

1 Build a Broad Partnership
2 Create a Goal-Driven Plan
3 Ensure Success

A Toolkit for Community Leaders

Every day, communities and schools throughout our country take on the critical work of creating safe, healthy places where children can learn, play, and grow. Community and school leaders face considerable challenges in this work: poverty and violence; mental health and substance abuse issues; growing truancy, expulsion, suspension, and dropout rates; disproportionate rates of achievement among children and youth of color; and shrinking resources.

This toolkit can help you overcome these obstacles by providing strategies and resources to create schools where students thrive. Based on the lessons learned from the Safe Schools/Healthy Students Initiative, the toolkit cultivates an approach that has left a **legacy of success in schools and communities.** This toolkit will show you how partnerships with representatives from sectors including education, law enforcement, mental health, juvenile justice, children's services, families, and faith-based associations can take ***Three Bold Steps*** to create positive lasting change among our nation's students.

Safe Schools/Healthy Students (SS/HS) is an unprecedented collaboration supported by three Federal agencies: the U.S. Departments of Education, Justice, and Health and Human Services. This successful Initiative brings together schools, local agencies, and community partners to create safe and drug-free schools and promote healthy childhood development.

What issue is your community dealing with?

- Bullying
- Disparities
- Early Childhood Education
- Mental Health
- School Attendance
- Substance Abuse
- Youth Violence

Toolkit Overview

Printer-Friendly Version of Toolkit Overview

Questions?

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Putting Maine's Understanding of Trauma and Its Effects on Children and Families to Work:
A Statewide Trauma-Informed Approach

Agenda:

- Review trauma-informed principles and the trauma-informed approach.
- Present research findings regarding the complex relationship between trauma, mental health, and recovery.
- Discuss how Maine and THRIVE are working to promote, achieve, and sustain a trauma-informed system of care through assessment and continuous quality improvement.

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.

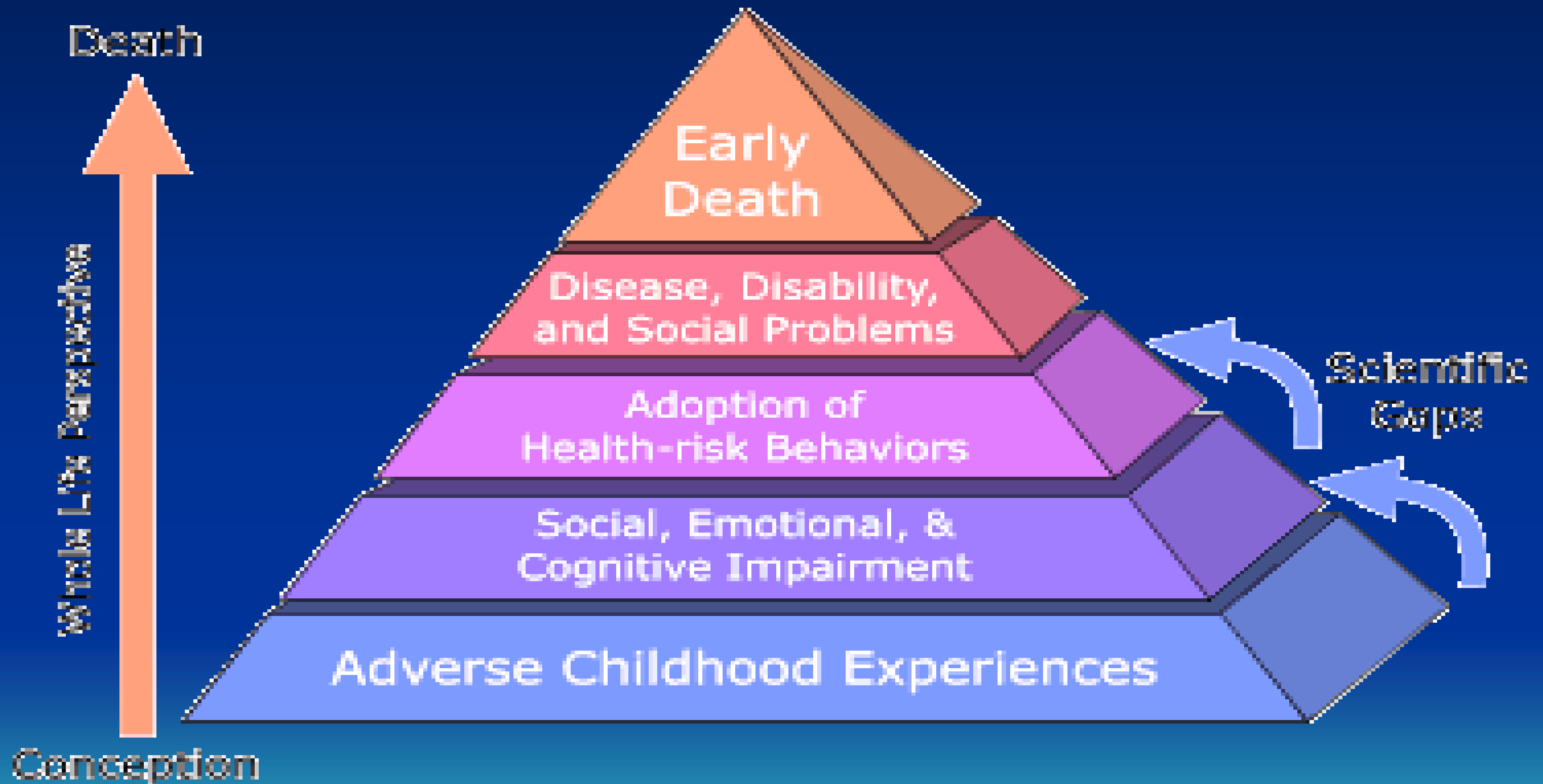
Why Be Trauma-Informed?

- 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

Polling Question #3

The most pressing trauma-related issue in my community over the past year includes:

- **Natural disaster or event.**
- **Gun violence.**
- **Discrimination.**
- **Childhood trauma.**
- **Domestic violence.**
- **I am not aware of how trauma impacts my community.**

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 Domains

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

Trauma-Informed vs. Trauma-Specific

Trauma-Informed	Trauma-Specific
• 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	• Evidenced-based treatment models that have been proven to facilitate recovery from trauma.

What is the Impact of Trauma on Children and Families?

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?

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 six month intervals.

Local Evaluation Data Collection Instruments

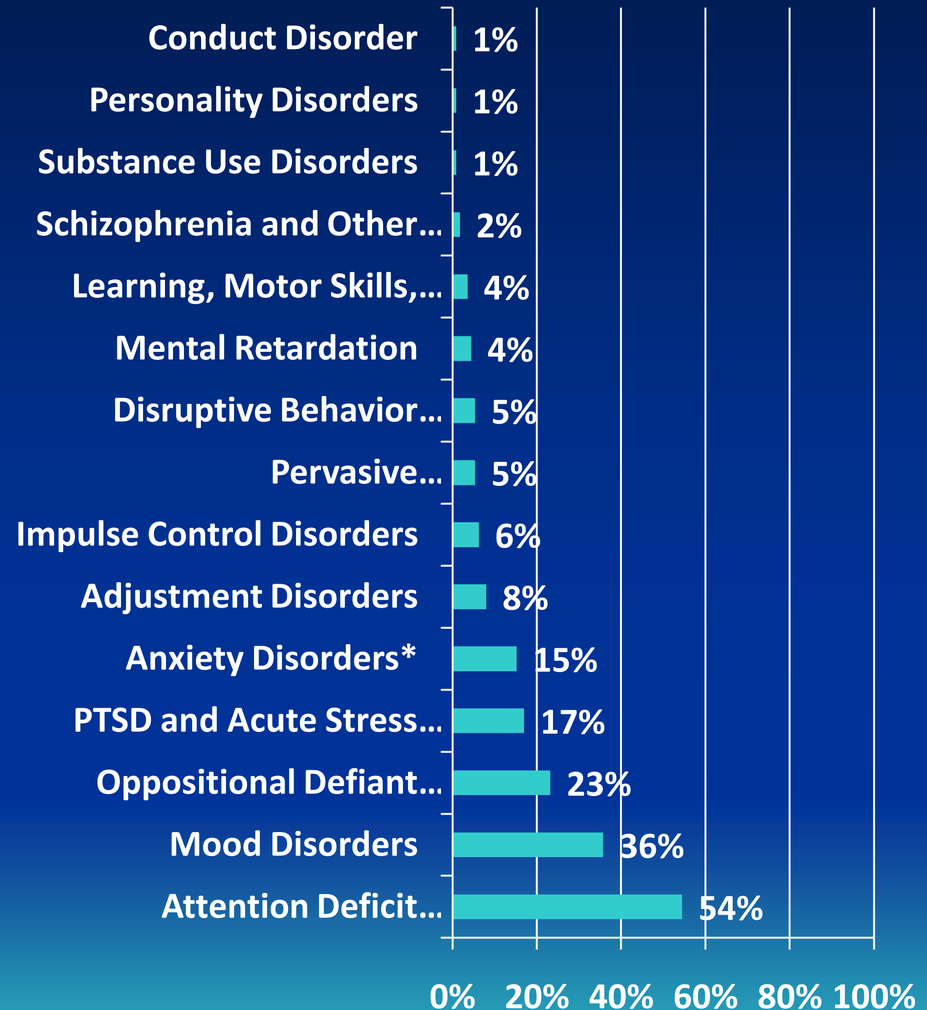
- Enrollment and Demographic Information Form (EDIF; all children and youth)
- Traumatic Events Screening Instrument (TESI; caregivers only)
- Lifetime Incidence of Traumatic Events (LITE; parent and child versions)
- Trauma Symptom Checklist (TSC; versions for young children and for youth)

Methodology

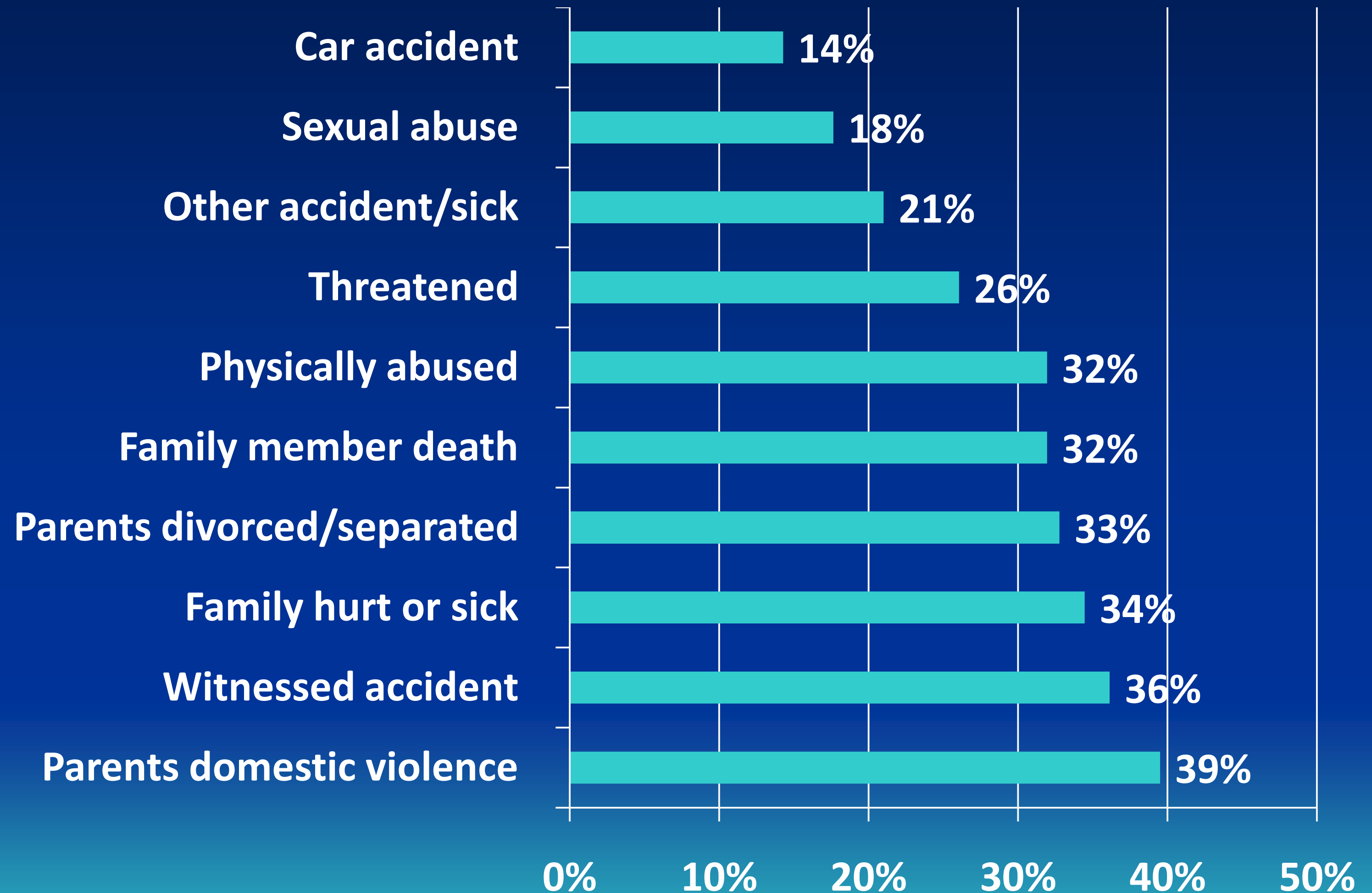
- Child and youth trauma events included those that parent or youth report having a) occurred and b) bothered the child or youth “a lot.”
- Descriptive and correlational techniques, results of which were tested for statistical significance.
- Two groups: youth with trauma and youth who have not experienced trauma.
- Two more groups: incorporates measures of childhood trauma experience of primary caregivers.
- Local data linked to System of Care National Evaluation data with child ID.

Characteristics of Evaluation Population

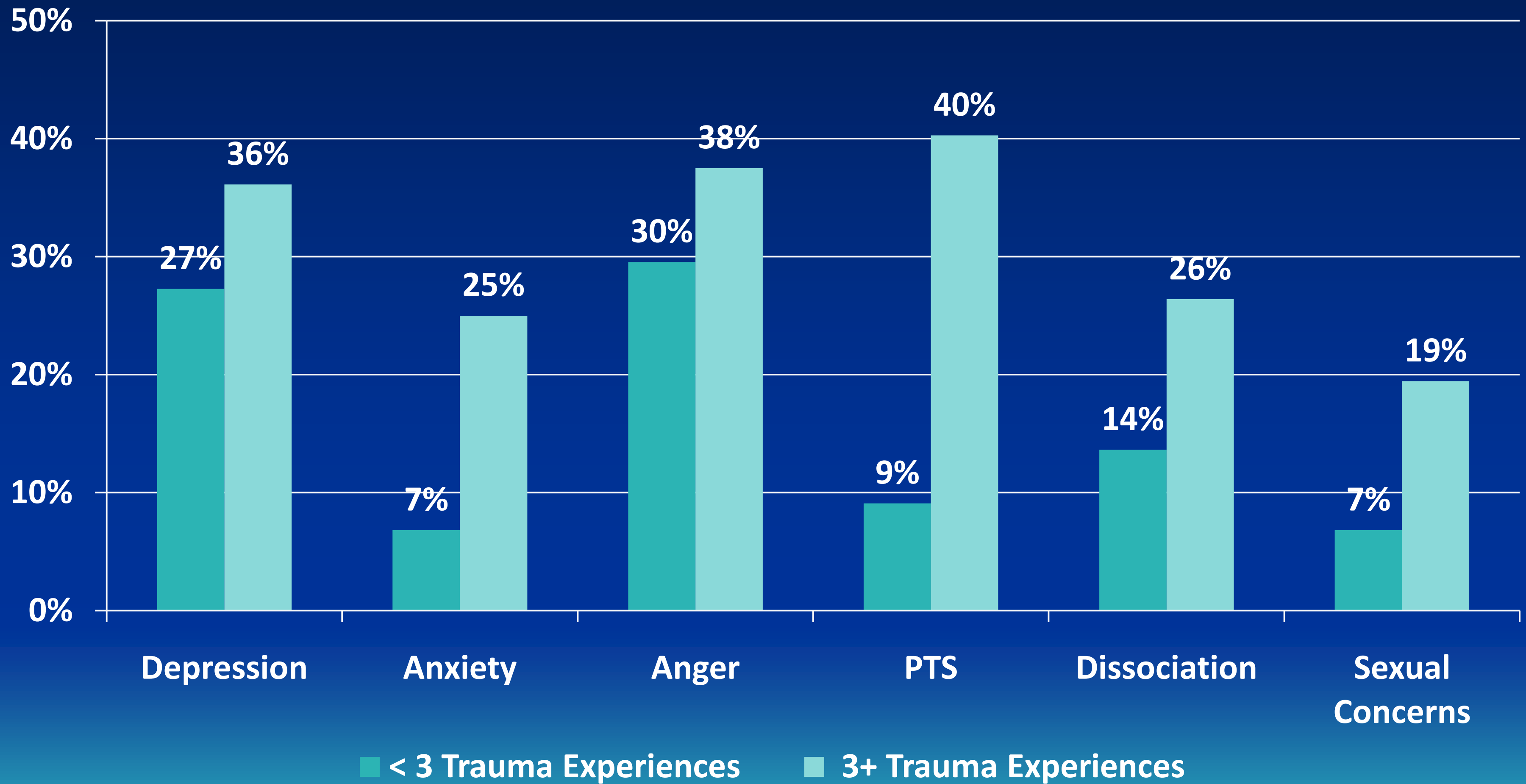
- 120 Children and Youth:
  - Average age = 10
  - 61% boys (39% girls)
  - 92% lived at home
- 117 Caregivers:
  - Female (92%), average age 36
  - Biological parent (82%)
  - High school graduates or higher (81%)
  - 70% earn less than $50K per year



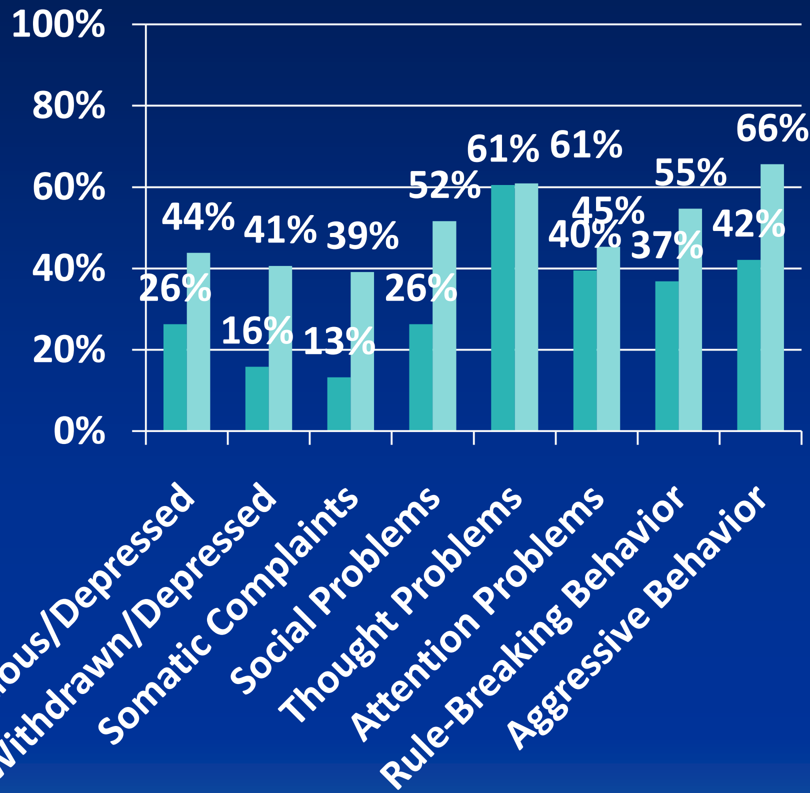
Child and Youth Trauma Experiences



Symptoms of Trauma in Children and Youth



Effects of Trauma on Children and Youth



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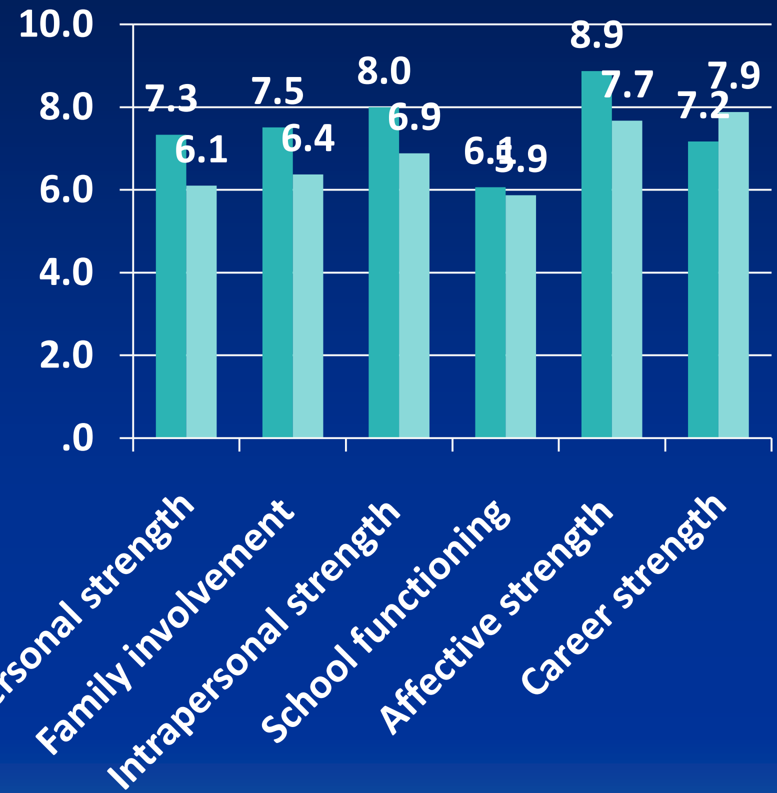
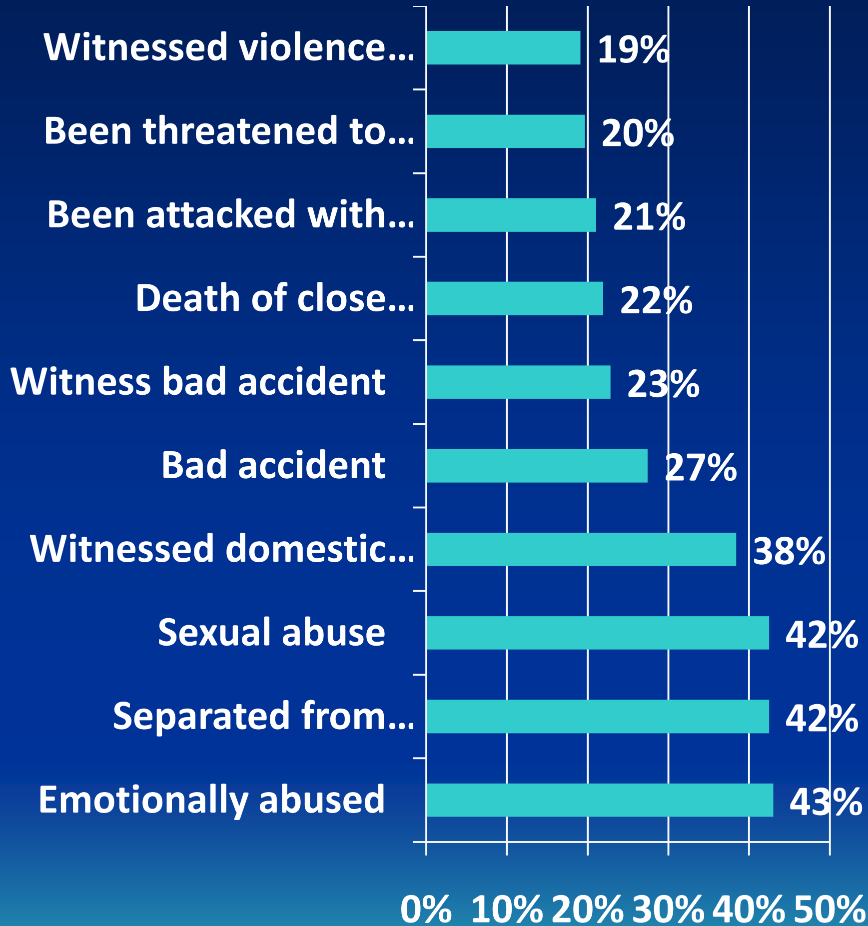
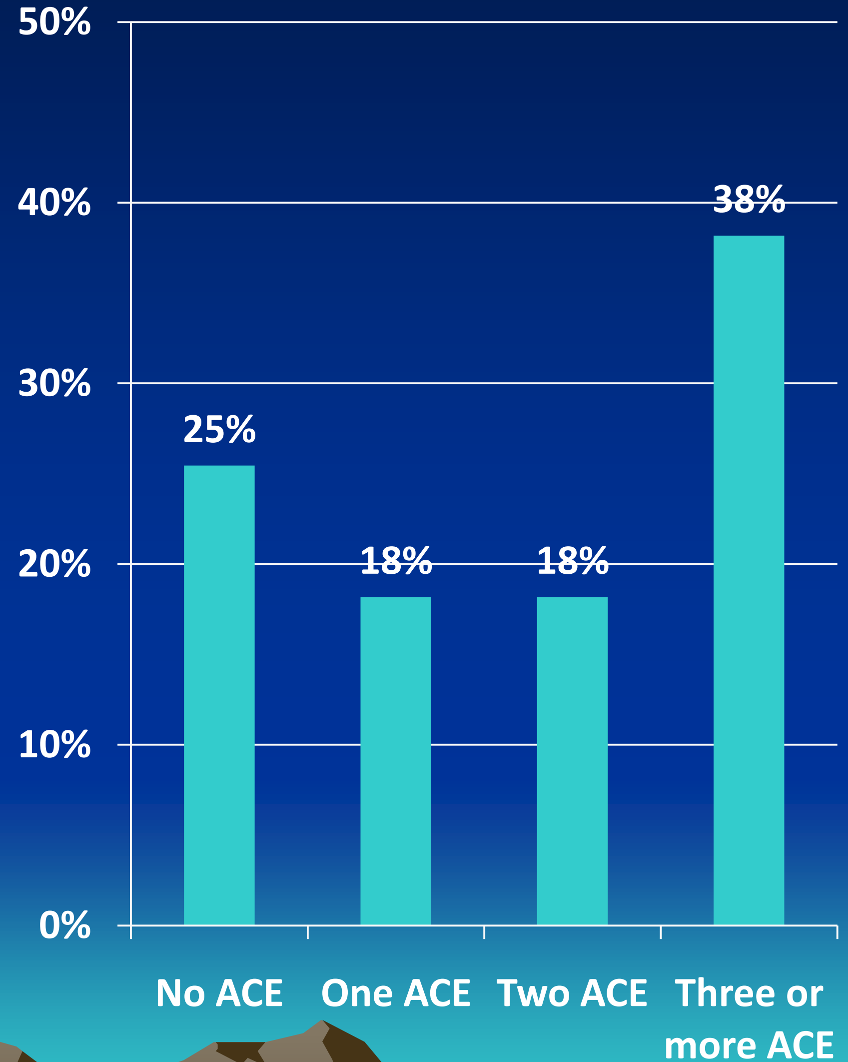


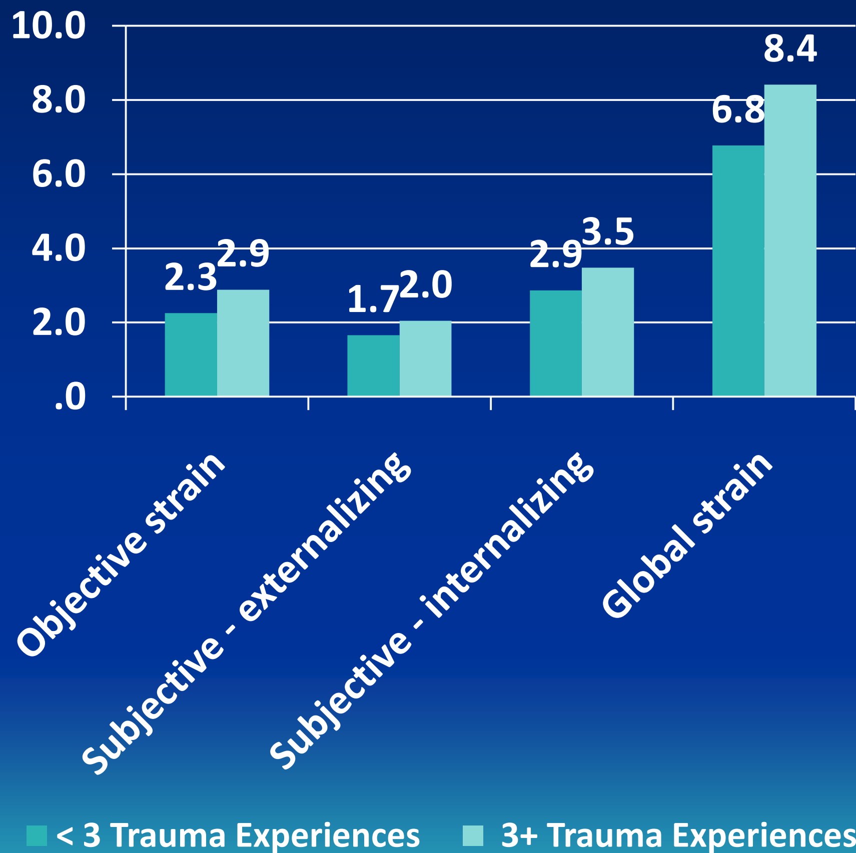
Source: BERS

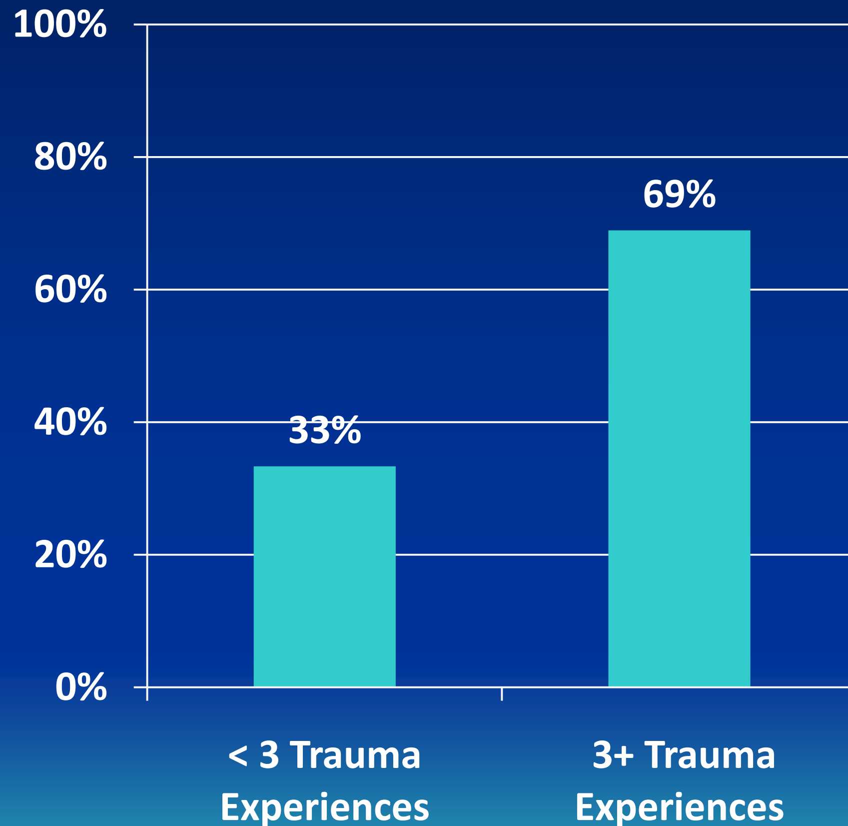
Childhood Trauma Experiences of Caregivers



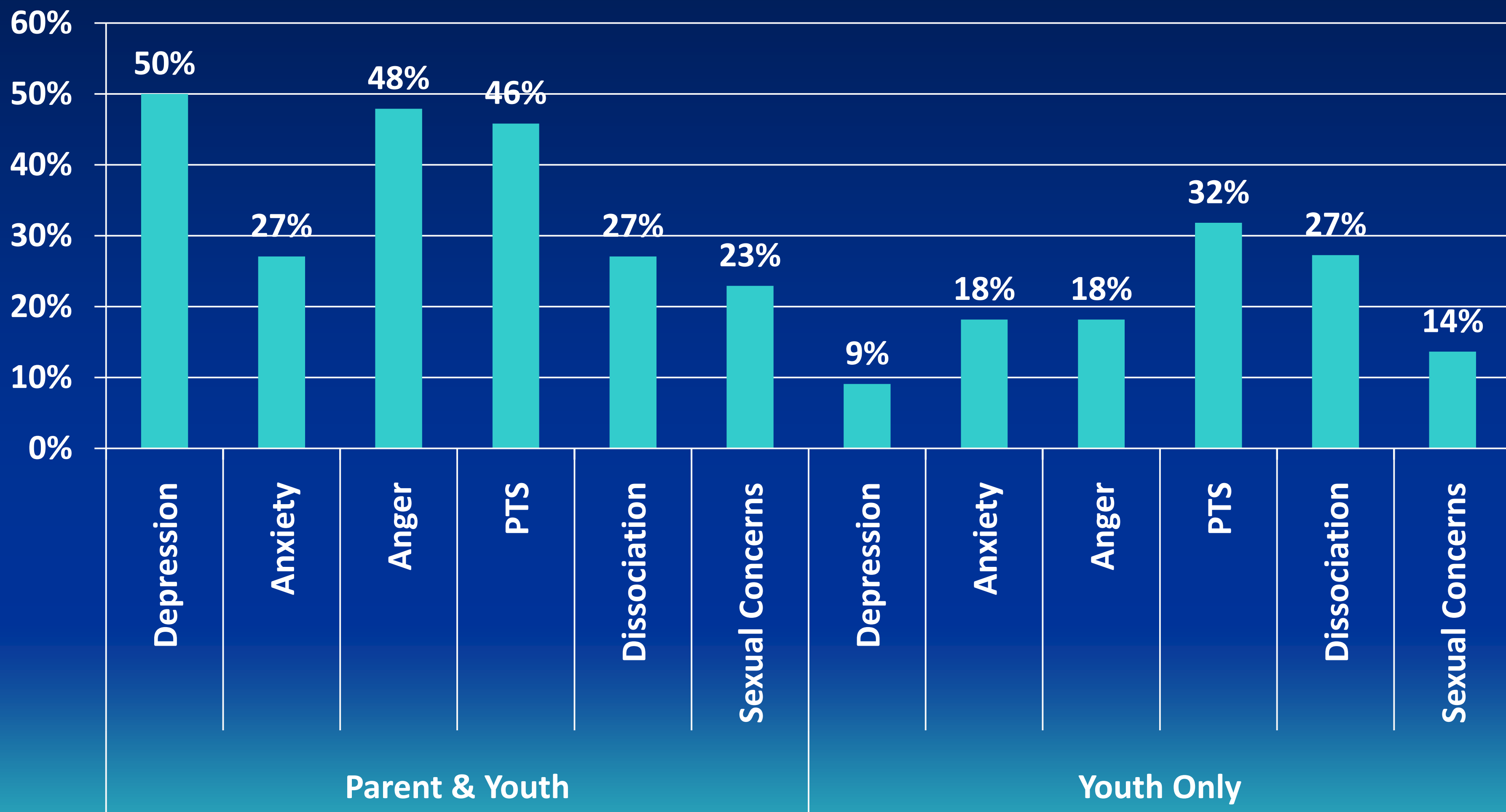


Effects of Trauma on Caregivers

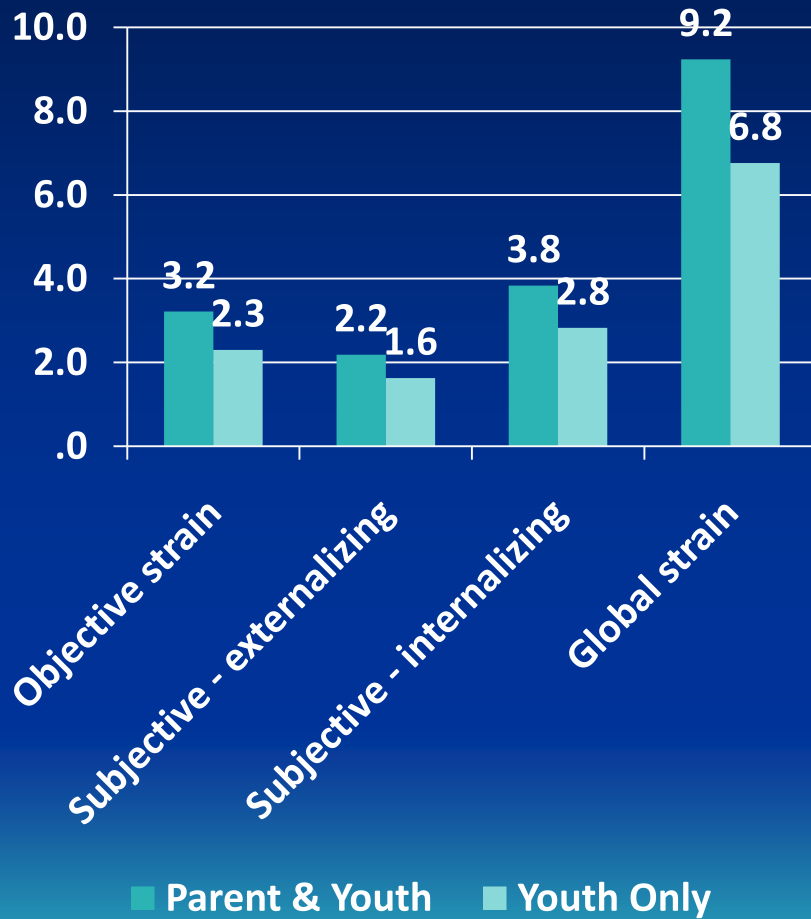


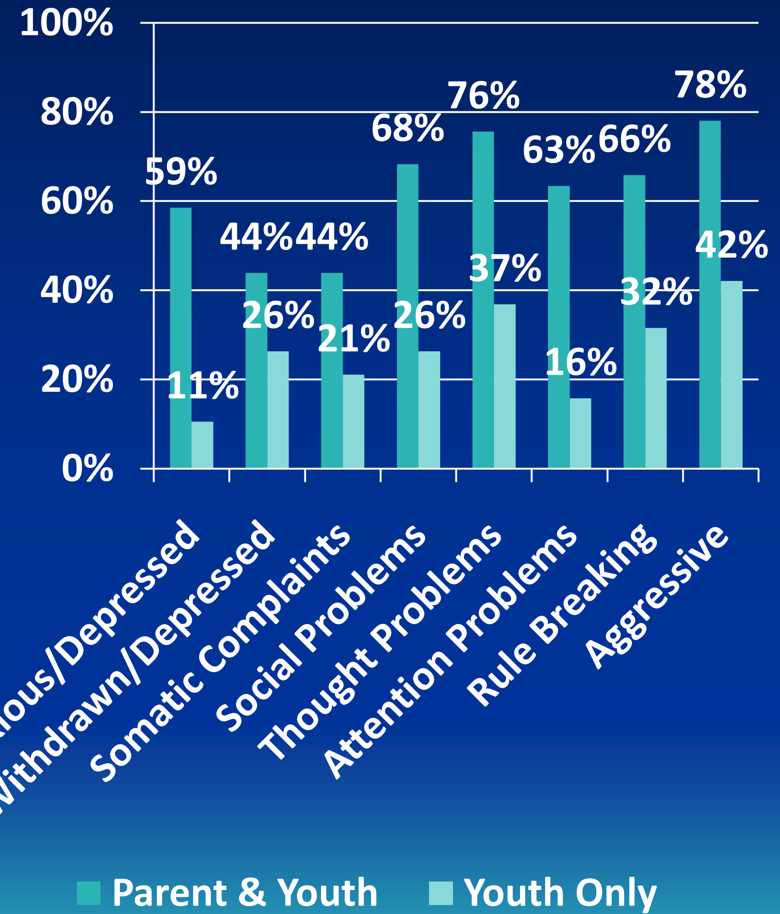


Effects of Intergenerational Trauma on Children/Youth

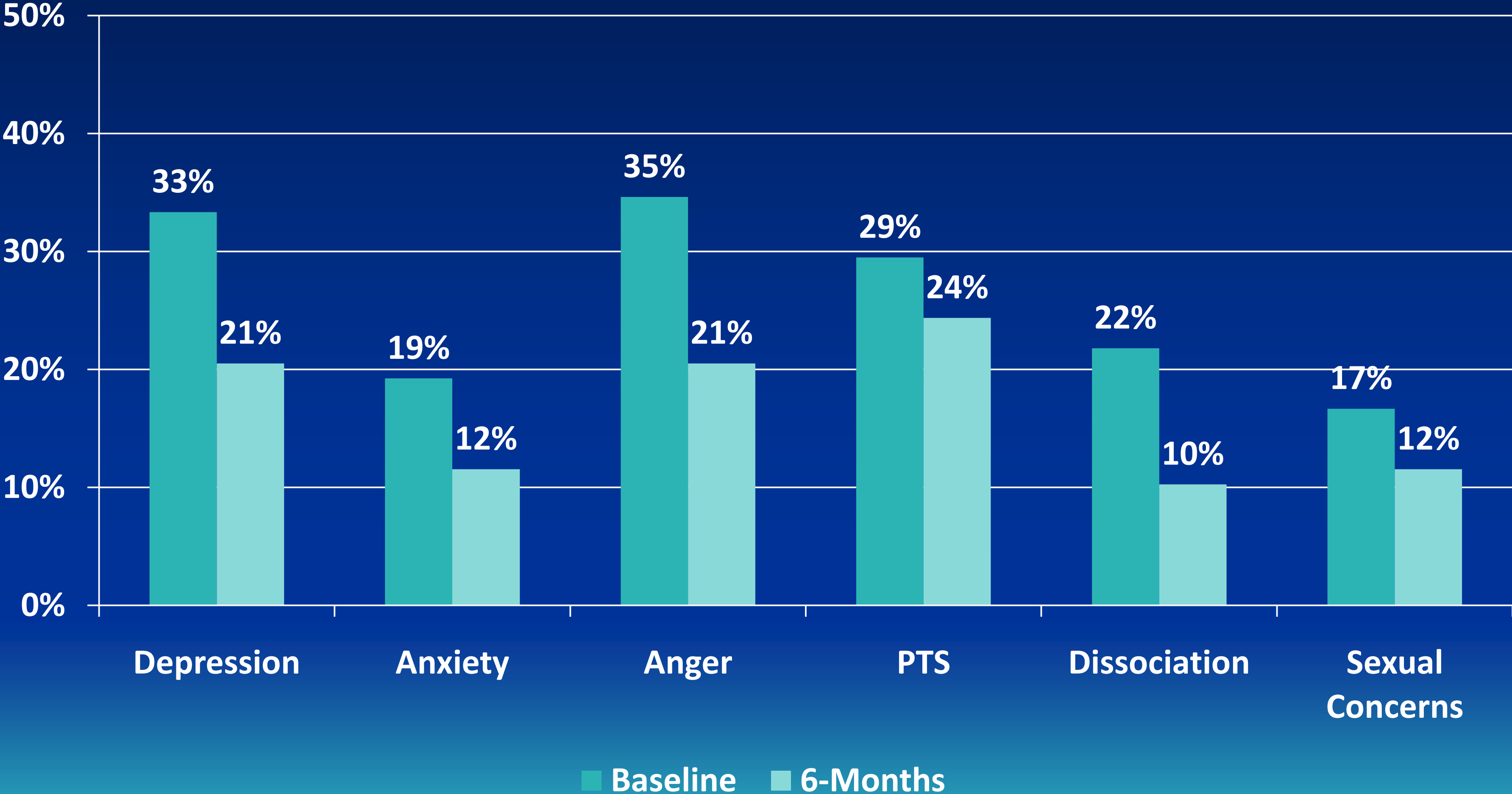


Effects of Intergenerational Trauma on Families





Child/Youth Trauma Symptoms After 6 Months Working with Trauma-Informed Family Support



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

Why Assess?

- To begin a continuous quality improvement (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.

Development Phases

- Planning: created conceptual framework, method for data collection, involved key stakeholders.
- Pilot Testing: implemented pilot tests, made revisions based on results.
- Implementing: statewide assessment and response monitoring.

Involving Youth and Family

Phase	Role of Youth and Family	How? Youth and Family...
Planning	Create framework and questions; provide feedback and suggestions.	...identified what is most important to them. ...made sure key components include youth and family priorities. ...drafted definitions and questions.
Pilot Testing	Test and refine questions, methods, and framework.	...helped an evaluator to conduct key informant interviews. ...brainstormed ways to reach family and youth. ...pilot tested final data collection instruments. ...suggested changes.
Implementation	Ensure data collection is family- and youth-friendly. Review responses and suggest best practices to ensure family/youth are reached. Interpret results.	...provided technical assistance to agencies. ...helped youth/families respond to the assessment. ...reviewed quarterly report on the number of responses. ...made suggestions based on report. ...reviewed final data results.

Trauma-Informed Agency Assessment

- A two-pronged assessment:
  - Measures key trauma principles across six domains
  - Three modules gauge the level of trauma-informed approach to services from multiple perspectives:
    - Agency Staff Self-Assessment
    - Family Questionnaire
    - Youth Questionnaire

Trauma-Informed Principles	Defining Trauma-Informed	How to Assess Trauma-Informed
Safety: physical and emotional	•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	•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	•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	•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	•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	•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	•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

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. Youth Empowerment, Choice and Control	78%	x	70%	78%	x	76%
II. Family 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%

The Contract Language: System of Care Principles

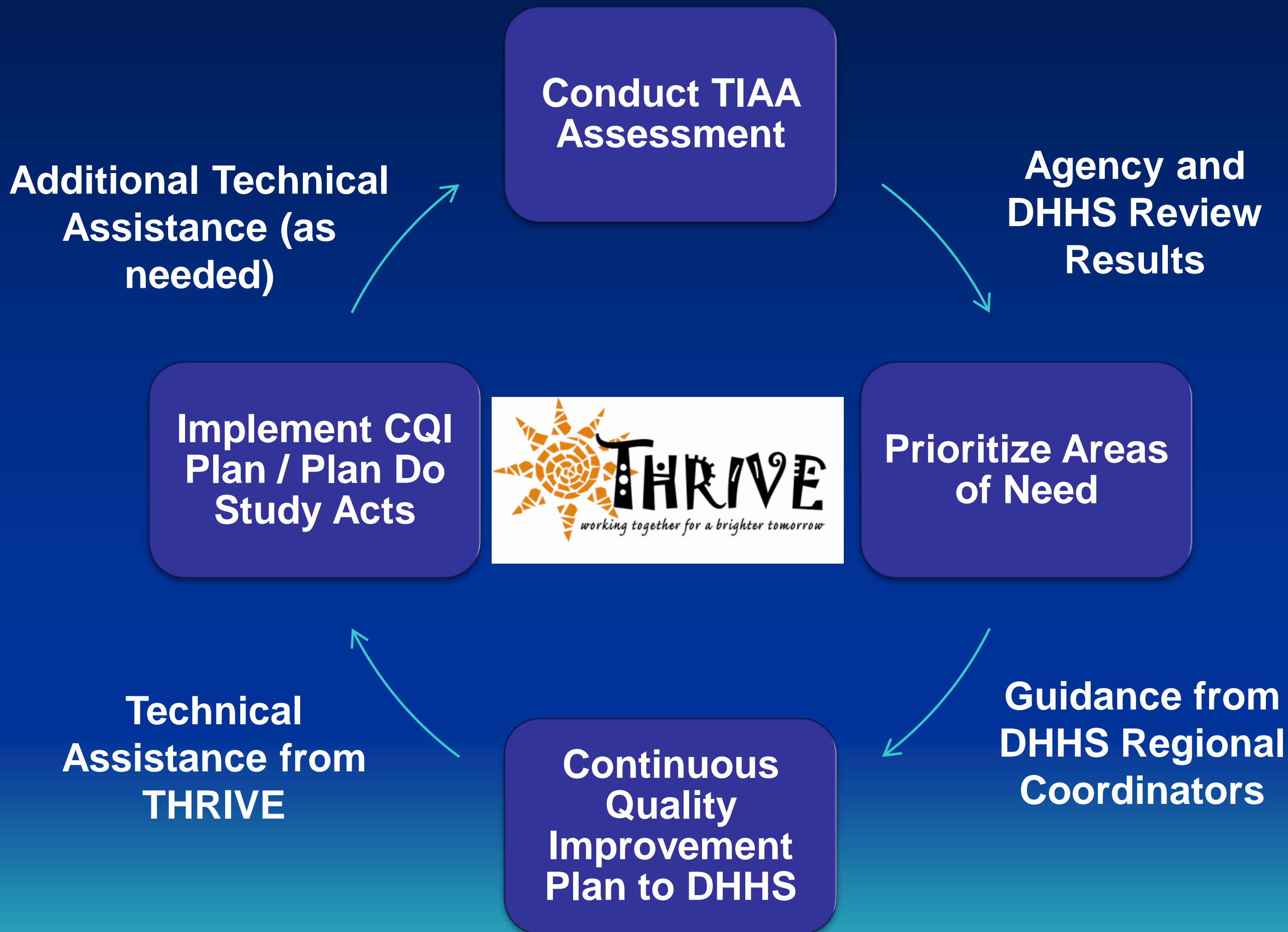
17. The goal of DHHS is that Providers of Children's Behavioral Health Services are integrated in a **Trauma Informed System of Care**. Providers will promote the Federal Substance Abuse and Mental Health Services Administration's (SAMHSA) System of Care Principles of 1) Family Driven, 2) Youth Guided, and 3) Culturally and Linguistically Competent care. These three System of Care Principles are described at http://partnersforrecovery.samhsa.gov/docs/Guiding_Principles_Whitepaper.pdf

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.

Statewide CQI Plan for Systems of Care



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. Youth Empowerment, Choice and Control	78%	x	66%	78%	x	70%
II. Family 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

Technical Assistance and Training

- Create a mutually rewarding partnership with the agencies. It's a return on investment!

- Include family and youth organizations in this journey: offer training to these organizations on the trauma-informed principles. Our families and youth are the trauma-informed champions in Maine!

- Trauma-informed is more than just the provider agency: offer education to teachers, law enforcement, churches, judges, girl scout troops and so many others!

Questions?

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When you are finished, please press ***6** to remute.

References

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- Child, Adolescent and Family Branch, and the Mental Health Promotion Branch, Center for Mental Health Services, at the Substance Abuse and Mental Health Services Administration

In collaboration with the:

- Western Interstate Commission for Higher Education
- National Center for Mental Health Promotion and Youth Violence Prevention
- National TA Center for Children's Mental Health at Georgetown University
- Technical Assistance Partnership for Child and Family Mental Health