Essential Elements Of Trauma Informed Practice For Child

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Warning to Participate

• One form of trauma we will discuss is **Vicarious Trauma** experienced by those working in the field. Vicarious Trauma is intensified by exposure to unexpected sensory images of trauma.

• This session will include descriptions of children’s trauma experiences and some use of photographic, audio, and video material to illustrate key points.
What Is Child Traumatic Stress?

Child traumatic stress refers to the physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling).

Traumatic events overwhelm a child’s capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.
Types of Traumatic Stress

• **Acute trauma** is a single traumatic event that is limited in time

• **Chronic trauma** refers to the experience of multiple traumatic events

• **Complex trauma** describes both exposure to chronic trauma - usually caused by adults entrusted with the child’s care - and the impact of such exposure on the child
Seeing Through a Trauma Lens

ESTABLISHING A TRAUMA IN CHILD WELFARE SYSTEM
Definition of Trauma-Informed System

A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery.

- CTISP National Advisory Committee
Essential Elements of a Trauma-Informed Child Welfare System

- Partner with Agencies and Systems that Interact with Children and Families
- Maximize Physical and Psychological Safety for Children and Families
- Identify Trauma-Related Needs of Children and Families
- Enhance Child Well-Being and Resilience
- Enhance Family Well-Being and Resilience
- Enhance the Well-Being and Resilience of Those Working in the System
- Partner with Youth and Families

Broader Child-Serving System

Child Welfare System

Family
Child
Essential Elements of a Trauma-Informed Child Welfare System

1. Maximize physical and psychological safety for children and families
2. Identify trauma-related needs of children and families
3. Enhance child well-being and resilience
4. Enhance family well-being and resilience
5. Enhance the well-being and resilience of those working in the system
6. Partner with youth and families
7. Partner with agencies and systems that interact with children and families
Element #1: Maximize Physical and Psychological Safety for Children and Families

Safety is one of the priorities of the child welfare system – but for a child and family who have experienced trauma, they may still feel unsafe even when they are no longer in a dangerous situation. Given this, in addition to ensuring physical safety, it is important to help children and families feel psychologically safe.
Key Terms in Thinking About Psychological Safety

• Trauma Reminder

“The child’s memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious” - National Scientific Council on the Developing Child (2010)

• Trauma Trigger
Element #2: Identify Trauma-Related Needs of Children and Families

- One of the first steps in helping trauma-exposed children and families is to understand how they have been impacted by trauma.
- Trauma-related needs can be identified through trauma screening and assessment.
- It is important to consider trauma when making service referrals and service plans.
Screening and Assessment

**Psychological Evaluation**
*Designed to answer a specific referral question and often conducted by court-approved evaluator*

**Trauma Assessment**
*In-depth assessment of trauma symptoms and psychosocial functioning completed by a mental health provider*

**Trauma Screening**
*Universally administered by frontline worker to determine a child or parent’s trauma history and related symptoms*
Element #2: Identify Trauma-Related Needs of Children & Families

**Screening:**
A universal screening for traumatic history and traumatic stress responses assists the workers in understanding a child’s history, potentially triggers and directs trauma-informed case planning. This may include the need for a referral to mental health for a more comprehensive trauma-focused assessment.
# A. Trauma/Loss Exposure History

| Trauma Type (Definitions attached) | Yes | Suspected | No | Unknown | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|-----------------------------------|-----|-----------|----|---------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1. Sexual Abuse or Assault/Rape   | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 2. Physical Abuse or Assault      | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 3. Emotional Abuse/Psychological  | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 4. Neglect                        | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 5. Serious Accident or Illness/   | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 6. Medical Procedure              | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 7. Witness to Domestic Violence   | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 8. Witness to Community Violence  | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 9. Witness to School Violence     | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 10. Natural or Manmade Disasters  | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 11. Forced Displacement           | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 12. War/Terrorism/Political       | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 13. Violence to Extreme Personal/ | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 14. Interpersonal Violence        | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 15. Traumatic Grief/ Separation   | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 16. Does not include placement in foster care | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
| 17. Systems-Induced Trauma        | ☐  | ☐         | ☐  | ☐       | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  | ☐  |
# B. Current Traumatic Stress Reactions (Answer questions B1–B4 in reference to the CURRENT situation only.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Suspected</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Re-experiencing</strong></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Definition</td>
<td>These symptoms consist of difficulties with intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. Also included is pronounced reactivity to trauma or loss reminders. These symptoms are part of the DSM-IV criteria for PTSD.</td>
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<tr>
<td><strong>2. Avoidance</strong></td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Definition</td>
<td>These symptoms include efforts to avoid stimuli associated with traumatic experiences. The child may avoid certain places or people, or avoid discussing the specifics of the trauma. These symptoms are part of the DSM-IV criteria for PTSD.</td>
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<tr>
<td><strong>3. Numbing</strong></td>
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<td>☐</td>
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<tr>
<td>Definition</td>
<td>These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma. Numbing symptoms include feelings of detachment or estrangement from others, restricted range of emotion (e.g., unable to have loving feelings), feeling out of sync with others, or having a sense of a foreshortened future.</td>
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<tr>
<td><strong>4. Arousal</strong></td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Definition</td>
<td>These symptoms consist of difficulties with hypervigilance (an exaggerated awareness of potential dangers), difficulty concentrating, exaggerated startle reactions, difficulties falling or staying asleep, and irritability or outbursts of anger. Children with these symptoms often seem distractible, impulsive and inattentive, leading to a common misdiagnosis of ADHD.</td>
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</tbody>
</table>
C. Attachment

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Suspected</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attachment Difficulties</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Definition
(Check Yes if child presents with any of the descriptors listed below)

This category refers to a child’s difficulty forming or maintaining relationships with significant parental or caregiver figures. It relates to the child’s sense of security and trust in interacting with others. Often children with attachment difficulties interact with new acquaintances in unusual ways. They may bond too quickly (e.g., hugging strangers and climbing on their laps), or fail to engage in appropriate ways (e.g., avoid eye contact and fail to engage in appropriate conversations/interactions).

D. Behaviors Requiring Immediate Stabilization

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Suspected</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Suicidal Intent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Active Substance Abuse</td>
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<td>☐</td>
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<tr>
<td>3. Eating Disorder</td>
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<tr>
<td>4. Serious Sleep Disturbance</td>
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</tbody>
</table>
### E. Current Reactions/Behaviors/Functioning

(Answer questions E1–E12 in reference to the current situation only)

<table>
<thead>
<tr>
<th>Regulation of Emotion</th>
<th>Does this interfere with child’s daily functioning at home, in school or in the community?</th>
<th>How to Recognize Problem Behaviors (Check Yes if child presents with any of the descriptors listed below)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Suspected</td>
</tr>
<tr>
<td>1. Anxiety</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Depression</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Affect Dysregulation</td>
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<td>☐</td>
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<tr>
<td>4. Dissociation</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. Somatization</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Regulation of Behavior</td>
<td>Yes</td>
<td>Suspected</td>
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<td>------------------------</td>
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</tr>
<tr>
<td>6. Attention/Concentration</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Suicidal Behavior</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Self-Harm</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Regression</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Impulsivity</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>11. Oppositional Behaviors</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>12. Conduct Problems</td>
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</tbody>
</table>

**Definition** (Includes risky behaviors)
(Check Yes if child presents with any of the descriptors listed below)

- **Attention/Concentration**: Children with problems with attention, concentration and task completion often have difficulty completing schoolwork or may have difficulty forming strong peer relationships.
- **Suicidal Behavior**: Includes both superficial and more serious actions with potentially life-threatening consequences. Examples include overdosing, deliberately crashing a car, or slashing wrists.
- **Self-Harm**: When someone deliberately harms him or herself. Includes cutting behaviors, punching oneself, pulling out hair or eyelashes, picking skin causing sores, burning, inhaling or overdosing on medications.
- **Regression**: Child ceases using previously adaptive behaviors. Child may begin wetting or soiling themselves after they had been potty trained, and may begin using baby talk or refusing to sleep alone when these skills were previously mastered.
- **Impulsivity**: Acting or speaking without first thinking of the consequences.
- **Oppositional Behaviors**: Defined by negativistic, hostile and defiant behaviors. Child may lose temper frequently, argue with adults, and refuse to comply with adult rules. Child may deliberately annoy people and blame others for mistakes or misbehaviors.
- **Conduct Problems**: Defined by a variety of different conduct problems. Child may be physically or verbally aggressive to other people or animals. Children with conduct problems may destroy property, steal, break the law, or start fires. They may run away from home or act in a sexually promiscuous or aggressive fashion.
Element #2: Identify Trauma-Related Needs of Children and Families

Assessment:
A thorough trauma informed mental health assessment can identify a child’s reactions and how his or her behaviors are connected to the traumatic experience.

Child welfare workers can use assessment results to determine the need for referral to appropriate trauma-specific mental health care, supportive care, or further comprehensive trauma assessment.

Therapists can use assessment results to select the appropriate evidence based trauma-informed mental health intervention.
Element #3: Enhance Child Well-Being and Resilience

- Many children are naturally resilient.
- It is important for the child welfare system to recognize and build on children’s existing strengths.
- Both individual caseworkers and overall agency policies should support the continuity of children’s relationships.
- Child welfare staff and agencies should also ensure that children who have been traumatized have access to evidence-based trauma treatments.
Enhance Child Well-Being: Resilience

- Resilience is the ability to overcome adversity and thrive in the face of risk
- Neuroplasticity allows for rewiring of neural connections through corrective relationships and experiences
- Children who have experienced trauma can therefore develop resilience

Factors that Enhance Resilience


Enhance Child Well-Being: Support and Promote Positive and Stable Relationships

- Being separated from an attachment figure can be very stressful for a child
- Maintaining positive connections enhances psychological safety and resilience
- In order to form positive attachments, stability and permanency are critical
- Child welfare workers can play a huge role in promoting positive relationships in children’s lives and helping them maintain connections
Enhance Child Well-Being and Resilience: Treatment and Services

- One way to enhance resilience is ensuring that children have access to evidence-based, trauma-informed treatments and services.
- Trauma treatments, when indicated, should focus on addressing the impact of the child’s trauma and subsequent changes in child’s behavior, development, and relationships.
- Treatment can also help the child reduce overwhelming emotion related to the trauma, cope with trauma triggers, and make new meaning of his/her trauma history and its impact on his/her current and future life events.
Enhance Child Well-Being and Resilience: Trauma-Focused Treatment

- There are evidence-supported interventions that are appropriate for many children in the child welfare system and that share many core components of trauma-informed treatments.

- Unfortunately, many therapists who treat traumatized children lack any specialized knowledge or training on trauma and its treatment.

- When a child welfare worker has a choice of providers, he or she should select the therapist who is most familiar with the available evidence and has the best training to evaluate and treat the child’s symptoms.
Welcome to the CEBC:
California Evidence-Based Clearinghouse for Child Welfare

Information and Resources for Child Welfare Professionals

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides child welfare professionals with easy access to vital information about selected child welfare related programs. The primary task of the CEBC is to inform the child welfare community about the research evidence for programs being used or marketed in California.* The CEBC also lists programs that may be less well-known in California, but were recommended by the Topic Expert for that Topic Area.

- How do You Use the CEBC?
- What's New on the CEBC?
- What is Evidence-Based Practice?
- How are Programs on the CEBC Reviewed?
- How is Culture Related to Evidence-Based Practice?
- Sign-up to get Email Alerts!

* Please note that the CEBC was created for informational and educational purposes and as such does not endorse any of the programs listed on the website.

Information presented on the CEBC website is considered public information and may be distributed or copied. When using information obtained from the CEBC, we ask that you please use the following acknowledgment: Material/Information obtained from the California Evidence-Based Clearinghouse for Child Welfare (CEBC) at www.cebc4cw.org.
Core Components of Trauma-Focused, Evidence-Based Treatment

- Building a strong therapeutic relationship
- Psychoeducation about normal responses to trauma
- Parent support, conjoint therapy, or parent training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Trauma processing and integration
- Personal safety training and other important empowerment activities
- Resilience and closure
Questions to Ask Therapists and Agencies that Provide Services

1. Do you provide trauma-specific or trauma-informed therapy? If so, how do you determine if the child needs a trauma-specific therapy?

2. How familiar are you with evidence-based treatment models designed and tested for treatment of child trauma-related symptoms?

3. How do you approach therapy with children and their families who have been impacted by trauma (regardless of whether they indicate or request trauma-informed treatment)?

4. Describe a typical course of therapy (e.g., can you describe the core components of your treatment approach?)
Examples of Evidence-Based Treatments

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization Reprocessing (EMDR)
- Child-Parent Psychotherapy (CPP)
- Prolonged Exposure Therapy for Adolescents (PE-A)

There are many different evidence-based trauma-focused treatments. A trauma-informed mental health professional should be able to determine which treatment is most appropriate for a given case.
Element #4: Enhance Family Well-Being and Resilience

- Families are a critical part of both protecting children from harm and enhancing their natural resilience.
- Providing trauma-informed education and services to parents and other caregivers enhances their protective capacities.
- Child welfare agencies should recognize that caregivers themselves may have trauma histories.
Element #5 - Enhance the Well-Being and Resilience of Those Working in the System

- While child welfare staff play an important role in supporting children, working with people that have experienced abuse, neglect, violence, and other trauma can cause staff to develop secondary traumatic stress reactions.

- Child welfare agencies should collect information about trauma and secondary trauma experienced by staff, implement strategies and practices that build resilience and help staff manage stress, and address the impact of secondary traumatic stress on both individuals and on the system as a whole.
Impact of Working with Victims of Trauma

• Trauma experienced while working in the role of helper has been described as:
  – Compassion fatigue
  – Secondary traumatic stress (STS)
    – Vicarious traumatization

• STS is the stress of helping or wanting to help a person who has been traumatized

• Unlike other forms of job “burnout,” STS is precipitated not by workload and institutional stress but by exposure to clients’ trauma (can be acute or cumulative)

• STS can disrupt child welfare workers’ lives, feelings, personal relationships, and overall view of the world
Element #6: Partner with Youth and Families

- Youth and families should be given choices and an active voice in decision-making on an individual, agency, and systemic level.

- Youth and family members who have been in the system have a unique perspective and can provide valuable feedback.

- Partnerships with youth and families should occur at all levels.
Element #7: Partner with Agencies and Systems that Interact with Children and Families

- Child welfare agencies need to establish strong partnerships with other child and family-serving systems.
- Service providers should develop common protocols and frameworks.
- Cross-system collaboration enables all helping professionals to see the child as a whole person, thus preventing potentially competing priorities and messages.
- Collaboration between the child welfare and mental health systems promotes cohesive care and better outcomes.
Experience shapes response to future trauma
Applying the Elements of TICW t the Real World

Pick three key decision points in a child welfare case.

- How might trauma influence that stage of the case?
- How might the system inadvertently add new trauma or remind the child or family (or staff) of past trauma?
- What improvements can you envision?
Resources

- Chadwick Trauma-Informed Systems Project - [www.ctisp.org](http://www.ctisp.org)
- California Evidence-Based Clearinghouse for Child Welfare - [www.cebc4cw.org](http://www.cebc4cw.org)
- National Child Traumatic Stress Network - [www.nctsn.org](http://www.nctsn.org) and [http://learn.nctsn.org](http://learn.nctsn.org)
- Chadwick Center for Children and Families - [www.ChadwickCenter.org](http://www.ChadwickCenter.org)