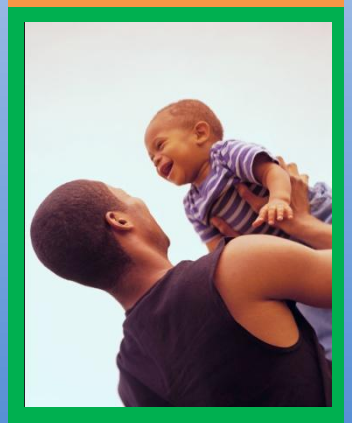


What Being Trauma Informed Means for Prevention Programs

PART 1

March 27, 2012

FRIENDS
National Resource Center for CBCAP
A Service of the Childrens Bureau, a member of the T/TA Network

Agenda

- Welcome
- Orientation to the technology
- What Trauma-informed means for prevention
- A parent's perspective
  - Importance of addressing the impact of trauma
- Adaptation of a evidence-based trauma treatment model in preventive services
  - Safe Mothers, Safe Children Project
- Questions
- Wrap-up

What does being trauma-informed mean?

- Different definitions but similar key elements that include the following:
  - a basic understanding of how trauma affects the life of an individual
  - understand the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate
  - assess what can be done to be more supportive and avoid re-traumatization
  - using the "Trauma Lens"

Why is this important?

- Prevalence of trauma experiences
- Impact of Trauma
  - An event, series of events, or context that is emotionally overwhelming
  - The individual feels helpless or powerless to control the event(s) or situation
- Cumulative impact of traumas
- Impact of unaddressed traumatic stress
  - Interfere with his or her daily life and ability to function and interact with others
  - Ability to engage in services
  - Ability to parent their child(ren)
  - Impact of trauma reminders/triggers

Making the Connection

- ACEs
- Brain research
- Protective factors
- Social emotional wellbeing for children
- Supporting and strengthening families

Protective Factors and Essential Elements For Trauma Informed Child Welfare

The Protective Factors Framework Integrated with Trauma Informed Essential Elements

- Parental Resilience
  - *Provide support and guidance to the child's family and caregivers*
  - *Recognize that many of the child's adult caregivers are trauma victims as well (recent and Childhood trauma)*
- Social Connections
  - *Support and promote positive and stable relationships in the life of the child*
- Concrete supports in times of need
  - *Coordinate services with other agencies*
  - *Provide support and guidance to child's family and caregivers*

The Protective Factors Framework Integrated with Trauma Informed Essential Elements

- Knowledge of parenting and child development
  - *Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships*
  - *Utilize comprehensive assessment of the child's traumatic experiences and their impact on the child's development and behavior to guide services*
  - *Provide support and guidance to the child's family and caregivers*

Adapted from a presentation by Family Services of RI given 2/26/12

The Protective Factors Framework Integrated with Trauma Informed Essential Elements

- Social and Emotional Competence in children
  - *Maximize the child's sense of safety (physical and psychological). Address trauma triggers*
  - *Assist children in reducing overwhelming emotion*
  - *Help children make new meaning of their trauma history and current experiences*
  - *Utilize comprehensive assessment of the child's traumatic experiences and their impact on the child's development and behavior to guide services*

Adapted from a presentation by Family Services of RI given 2/26/12

The Protective Factors Framework Integrated with Trauma-Informed Essential Elements

Two additional Essential Elements:

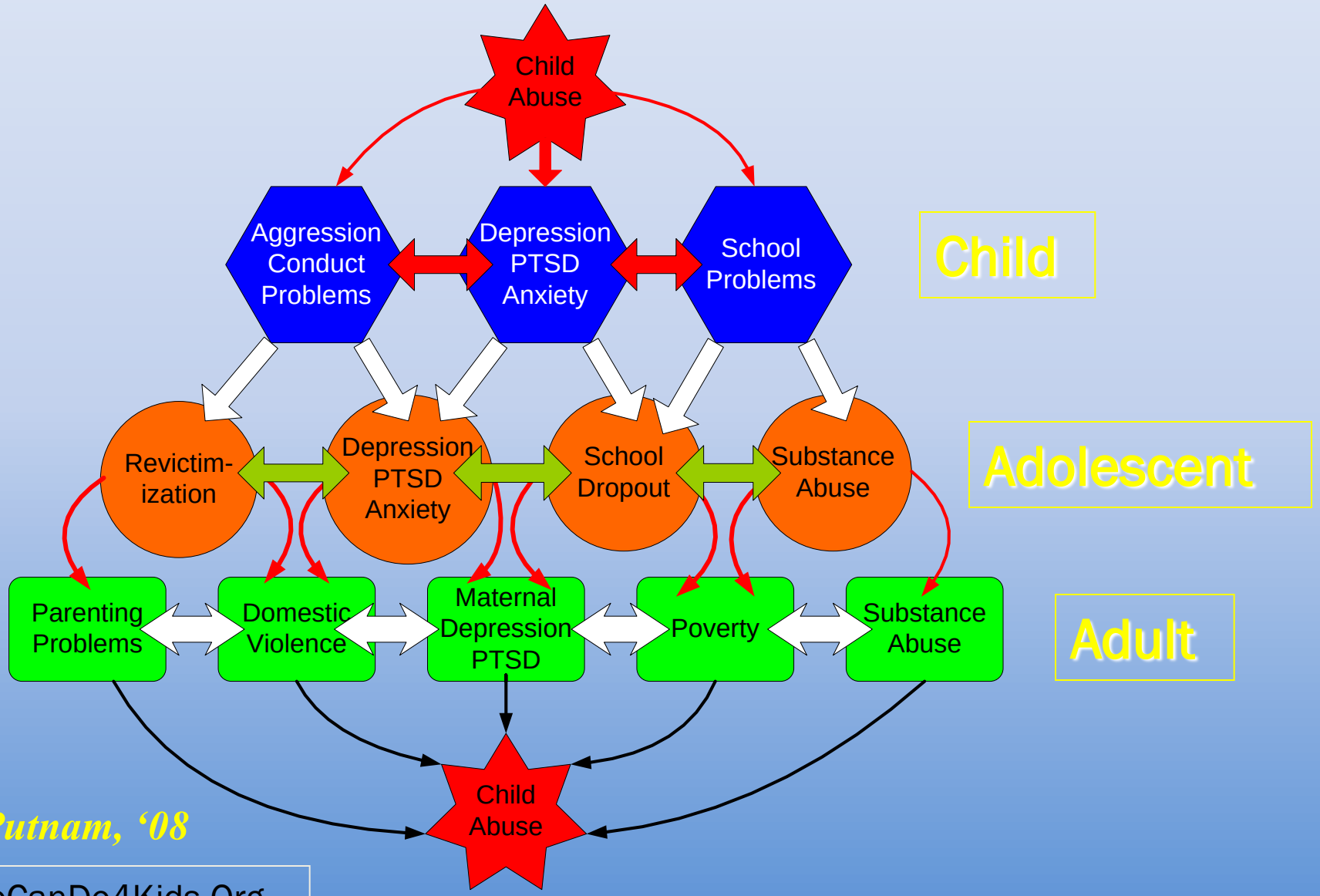
- *Know how and when to apply the right evidence-based treatments*
- *Manage professional and personal stress (Vicarious Trauma or Secondary Traumatic Stress)*

Adapted from a presentation by Family Services of RI given 2/26/12

A Parent's Perspective: Importance of addressing the impact of trauma

Pam Toohey
CEO
Birth Parent Association

Developmental Cascade of Transgenerational Child Maltreatment Risk



-- F. Putnam, '08

OhioCanDo4Kids.Org

ACE STUDY

What's an ACE?

Adverse Childhood Experience

"The ACE Study is an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente. Led by Co-principal Investigators Robert F. Anda, MD, MS, and Vincent J. Felitti, MD, the ACE Study is perhaps the largest scientific research study of its kind, analyzing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life."

http://acestudy.org

Adverse Childhood Experiences

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

The ACE Score

The ACE Study used a simple scoring method to determine the extent of each study participant's exposure to childhood trauma. Exposure to one *category* (not incident) of ACE, qualifies as one point. When the points are added up, the ACE score is achieved.

An ACE score of 0 (zero) would mean that the person reported no exposure to any of the categories of trauma listed as ACEs above. An ACE score of 9 would mean that the person reported exposure to all of the categories of trauma listed on the prior slide.

Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

Long-Term Consequences

Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- Family violence
- High utilization of health and social services

What does untreated trauma look like for an abused or neglected adolescent?

ADHD Symptoms

Anxiety

Depression

Attachment Issues

Oppositional Defiant

Obsessive Compulsive

Motor Tics

Asthma

Poor Appetite

Low Self Esteem

Developmental Delays

Educational Delays

Emotional Social Delays

Trust Issues

Poor Coping Skills

Re-Victimization

Sexual Acting Out

What does untreated trauma look like in the adult?

ADD Symptoms

Depression

Anxiety

Migraines

Heart Palpitations

Acid Reflux

Ulcers

Gall Stones

Asthma or Lung Disease

Arthritis

Chronic Back Pain

Substance, Alcohol & Tobacco Abuse

Poor Coping Skills

Memory Lapses

Nightmares & Flashbacks

Poor Social Skills

Domestic Violence

Sexual Dysfunction

Re-Victimization

Low Self Esteem

Adaptation of a Evidence-Based Trauma Treatment Model in Preventive Services:

Safe Mothers, Safe Children Project

Erika Tullberg

Administrative Director

ACS-NYU Children's Trauma Institute

Project Overview

Safe Mothers, Safe Children: Rationale

Does improving mothers' sense of safety improve their ability to keep their children safe?

There is evidence that history of parental trauma increases risk of child maltreatment…

… but trauma-focused services are not routinely available to parents

Research on Maternal PTSD

- Study of young children exposed to World Trade Center (Chemtob et al., 2009)
  - Findings show that maternal responses, particularly the combination of maternal PTSD and depression, impacted child symptoms *more* than direct exposure to attacks
- Similar findings in studies of mothers and children in Israel affected by cross-border attacks
- Speaks to the importance of addressing parental symptoms and functioning

Safe Mothers, Safe Children: Goals

- Improve child safety through identifying and treating maternal trauma:
  - Improve child and family well-being
  - Reduce subsequent maltreatment, foster care placement
  - Also relevant for programs involved in preventing maltreatment among high-risk families

Project Structure

Screening

Caseworkers screen clients with support and consultation from SMSC clinician

↓

Assessment

Clinician assesses clients with PTSD symptoms

↓

Intervention

Parenting STAIR (Skills Training in Affective and Interpersonal Regulation)

↓

Staff Training

Screening and other trauma-related topics

↓

Evaluation

Client and provider data

Project Development

Stakeholder Input

- Interviewed administrators and staff from 10 community agencies
- All noted the impact of trauma on parenting among their clients
  - Many perceived traumatized parents as experiencing challenges with patience, empathy and affection…
  - … but none of the providers routinely screened for prior trauma exposure
- Supported our hypotheses about the need for trauma-focused screening and intervention

Screening Results

Screening Protocol

- Demographics, child welfare involvement
- Posttraumatic Stress Diagnostic Scale
- Center for Epidemiologic Studies-Depression Scale
- Woman Abuse Screening Tool
- Trauma Exposure Symptom Inventory
- Post-screen evaluation (by caseworker)

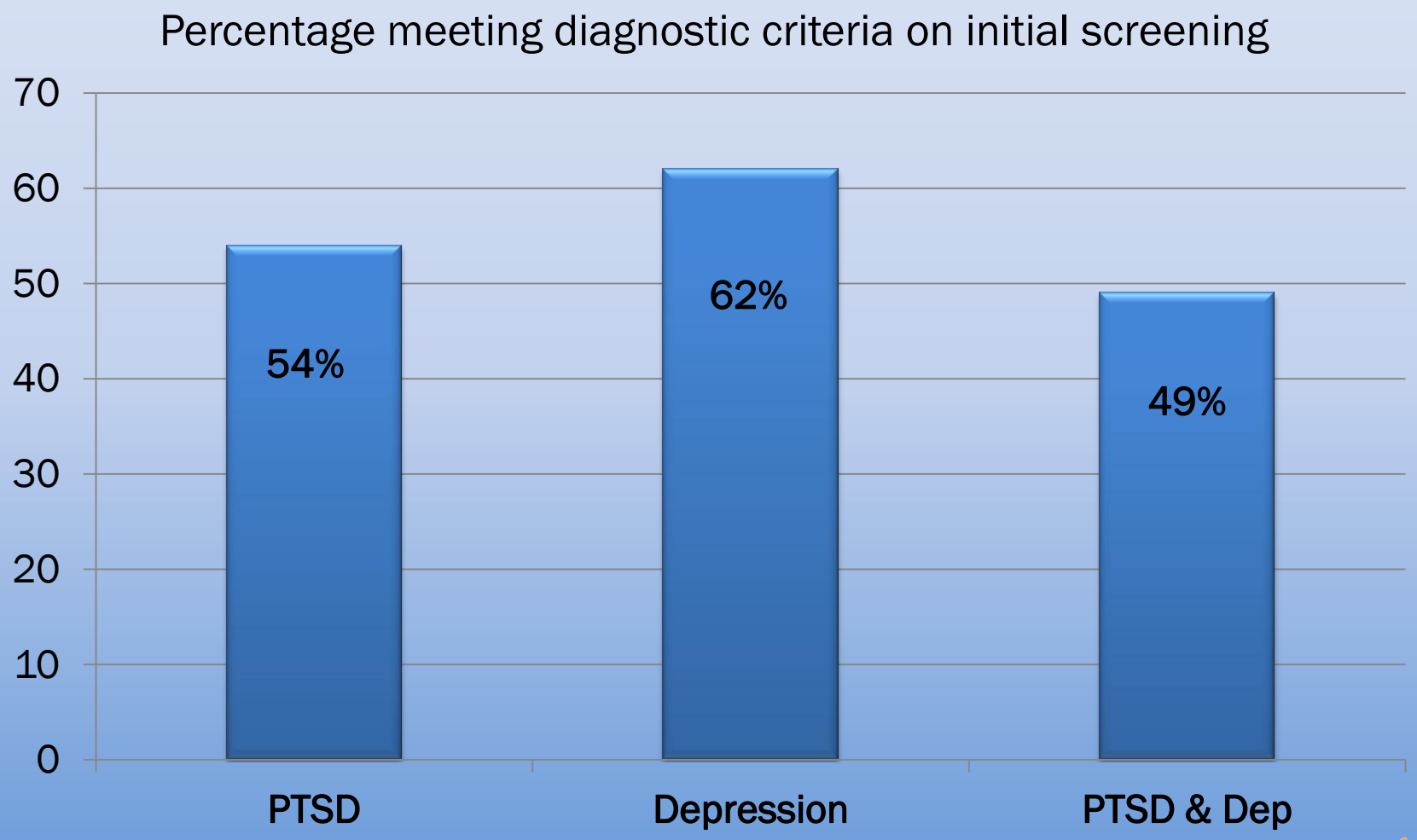
Parental Trauma Exposure (N=127)

- 92% of clients had experienced at least 1 type of traumatic event (M = 2.6)
  - 19% reported exposure to five or more types of traumatic events
- Particularly high rates of domestic violence
  - 60% of mothers reported prior exposure
  - Most commonly identified index trauma (40%)
- Childhood sexual abuse second most common trauma type

Child Trauma Exposure (N=125)

- Parent-report indicates 92% of children experienced at least 1 prior trauma
  - Average of 5 types of traumatic events
  - 86% experienced 2+ types of traumatic events
  - 54% had witnessed domestic violence
  - 47% had been separated from a primary caregiver

Trauma-Related Symptoms in Mothers (N=163)



Assessment Results

Assessment Measures

- Clinician Administered PTSD Scale
- Structured Clinical Interview – Axis I Disorders
- Parenting Stress Index – Short Form
- The Conflict Tactics Scale – Parent-Child
- The Adult-Adolescent Parenting Inventory-2
- Difficulties in Emotion Regulation Scale
- State-Trait Anger Expression Inventory-2
- Connor-Davidson Resilience Scale
- Interpersonal Support Evaluation List
- Life Orientation Test-Revised
- The Strengths and Difficulties Questionnaire

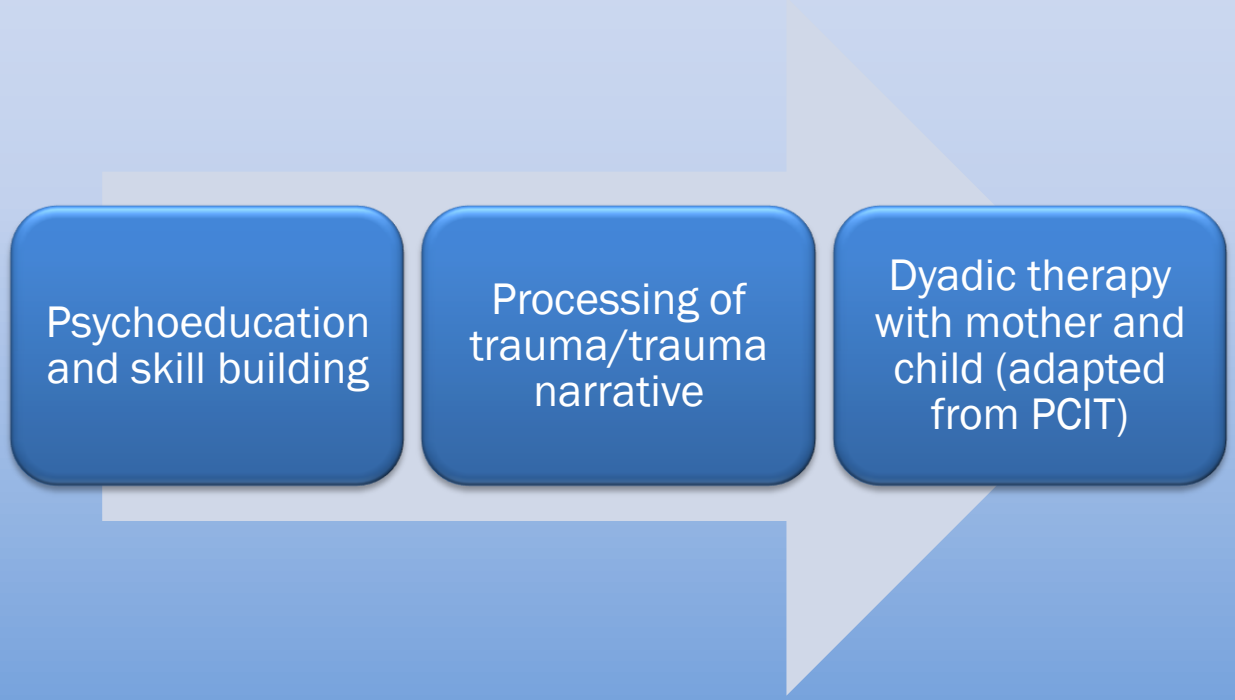
Summary of Assessment Data

- Extremely high levels of parenting stress
  - 67% of parents were above 90th percentile on total parent stress
  - Unique elevation on 'difficult child' subscale
- Ratings of child behavior are more normative
- Suggests high degree of personalization and reactivity, which is indicative of maternal trauma
- Many of the 'difficult child' items are consistent with child trauma symptoms (moody, fussy)

Intervention Model: Parenting STAIR

Treatment Adaptation: Parenting STAIR

Adaptation of STAIR (Skills Training in Affective & Interpersonal Regulation) for mothers with preschool aged children



Phase I: Skill-Building

- Psychoeducation, increasing emotional awareness
  - Recognition of triggers
  - Develop skills to modulate negative feelings and increase parental resilience
  - Reduce risk of client becoming overwhelmed
  - Introduction of parenting skills (from PCIT)
- Explore impact of trauma-related symptoms on relationships, particularly on parenting
  - Sense of safety
  - Potential impact on mother's view of her child
  - Association with parenting style and behavior
  - Intergenerational transmission of trauma

Phase II: Trauma Narrative

- Client and therapist create a narrative story of the traumatic experience
  - Focus on themes of fear, loss and shame
  - Acknowledge impact of trauma while encouraging awareness of personal strengths and positive social connections
  - "Narrative of Hope" – interrupting the intergenerational transmission of abuse, focus on mother's ability to make a better life for her children

Phase III: Parenting Dyad

- Two-part structure of sessions:
  - Mother and child interact with coaching from the therapist
    - Mother applies parenting skills in-vivo
    - Therapist models engaging and positive interactions with the child
    - No discussion of traumatic material
  - Review and processing with mother
    - Explore mother's emotional experience with her child, emphasize the positive aspects of their interaction

Findings to Date

- Improvement in maternal PTSD symptoms and depression levels
  - Post-treatment levels below clinical range on both measures
  - Mothers with depression had higher PTSD levels at baseline, but no difference post-treatment
- Some improvement in reported child difficulty and child trauma symptoms

Challenges and Opportunities

Treatment Challenges

- Most clients have experienced multiple and severe forms of trauma
- Life stressors interfere with consistent attendance
  - Exacerbates avoidance symptoms
- Children have experienced multiple traumatic events as well (average: 5 different types)
  - Likely to trigger a trauma reaction in the parent

Treatment Adaptation Across Systems

- "Structured engagement"
  - Involving caseworker throughout treatment
  - Asking clients to identify issues that may interfere with attendance
- Simplification of treatment approach
  - Adjusting expectations
  - Concepts and principles
- Focus on importance of self-care for mothers so they can better parent their children

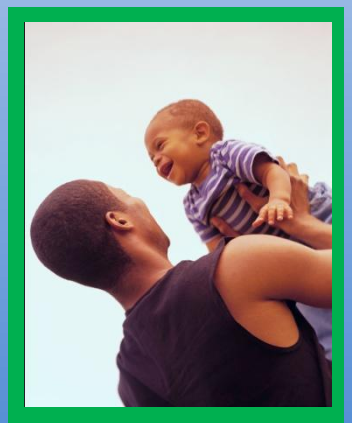
Why is this work so important?

- The 9 women who have completed treatment have a combined total of 29 children
- The majority of preventive services clients meet criteria for PTSD and/or depression…
- … however, *none* of the clients eligible for Parenting STAIR had received ongoing mental health treatment
  - Caseworker report: they "couldn't engage"

Why is this work so important?

- Our mothers are high in parenting stress
  - 67% of the sample scored *above* the 90th percentile on the Parenting Stress Index
- Trauma-related reactivity seems to affect parenting and perception of child's behavior
- Existing mental health services may not respond to the needs of these clients
- Benefit of staff understanding trauma reactions – less personalization, frustration in working with high-stressed families

Questions?



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