Trauma - Informed Utah



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Utah DCFS Prevention

Informed Utah

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Trauma

Utah Prevention Structure

- Housed in Child Welfare Agency
- Funding streams
 - CBCAP
 - Children's Trust (Child Welfare Improvement Council)
 - State general fund
- Key Partners
 - Family Support Centers (11)
 - Utah Family Support Network (state chapter of NFSN)
 - Prevent Child Abuse Utah
 - MIECHV Program Admin
 - Violence & Injury Prevention (Public Health)
 - Early childhood system









Funded Programs & Initiatives

- 6 home visiting programs
- 2 kinship support programs
- 2 parenting curriculums
- 1 school-based prevention program
- 17 crisis nurseries at 11 Family Support Centers
- Help Me Grow Utah
- Utah Family Support Network
- Uplift Families Parenting Conference



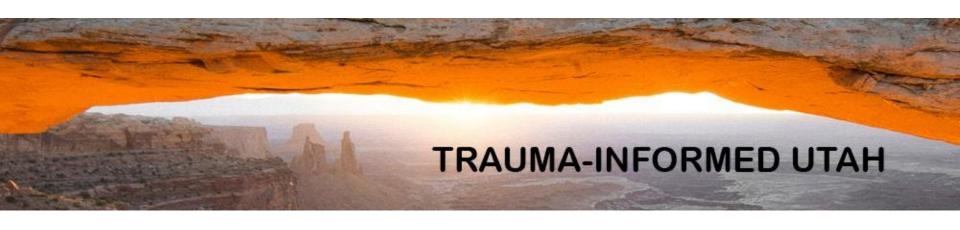




CBCAP Meets Trauma - Informed Utah

- Introduced to TIU in Sept 2020
- Invited to participate in the TIU
 Center Development Committee
- "to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect"





Est. September 2020*

*but really a nights/weekends volunteer effort since 2017

Intergenerational Poverty Mitigation Act

- Enacted by Utah State Legislature in 2012 General
 Session
- Created: Intergenerational Welfare Reform Commission

Chair: Lieutenant Governor Cox

Includes: Executive Directors of DWS, DOH, DHS State Sup. of Public Ed, State Juvenile Court Adm

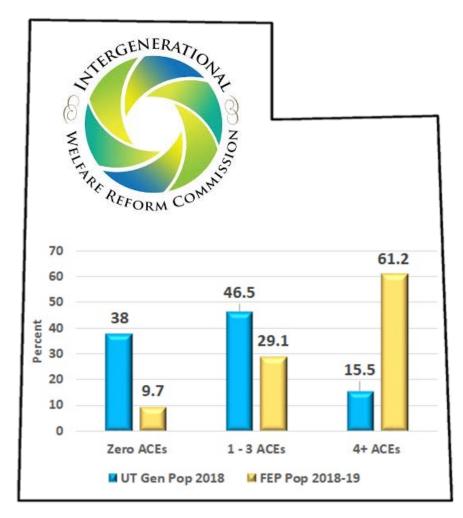
Initiated "Trauma Subcommittee"

Resilient Utah:

"Make Utah a Trauma -Informed State"









Early Death

Disease, Disability & Social Problems

Adoption of Health Risk Behavior

Social, Emotional & Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Social Conditions / Local Context

Generational Embodiment / Historical Trauma

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

Prepared by

SAMHSA's Trauma and Justice Strategic Initiative July 2014







SAMHSA's Concept of Trauma

Trauma is an <u>event</u>, series of events, or set of circumstances that is <u>experienced</u> by an individual as physically or emotionally harmful or threatening and that has lasting adverse <u>effects</u> on the individual's functioning and mental, physical, social, emotional and/or spiritual well -being.

Trauma is experienced differently for each person what may be traumatic for one person, may not be traumatic for another.

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

Symptoms of Trauma in our Communities

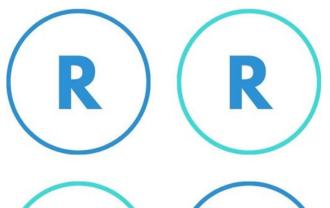
- Guilt/Shame
- Depression/Anxiety
- Psychic numbing
- Emotional fixation on trauma
- Low self-esteem
- Anger
- •Self-destructive behavior
- Internalized oppression

- Substance misuse
- Hypervigilance
- Compensatory fantasies
- Preoccupation with death
- Death identity (e.g., fantasies of reunification with the deceased)
 - Decreased motivation
 - Internalization of ancestral suffering
 - Increased suicidality (Brave Heart, 2005)

SAMHSA'S CONCEPT OF A TRAUMA-INFORMED APPROACH

REALIZES

the prevalence of trauma and taking a universal precautions approach

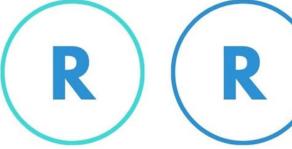


RECOGNIZE

How trauma affects all individuals involved with the program, organization, or system or system, including its own workforce

RESPONDS

by putting this knowledge into practice and action



RESISTS RETRAUMATIZATION

The cause or the cure?

Crosswalk of Domains and Key Principles

Governance & Leadership

Policy

Physical Environment

Engagement & Involvement

Cross Sector Collaboration

Screening, Assessment,
 Treatment Services

Training and Workforce
 Development

 Progress Monitoring and Quality Assurance

- Financing
- Evaluation

Safety

Trustworthiness& Transparency

Peer Support

 Collaboration & Mutuality

*Empowerment, Voice & Choice

*Cultural, Historical, and Gender Issues

What do you see as the highest priorities or best next steps for your agency/organization in moving toward a trauma -informed approach?



Would your agency/organization be interested in participating in future Trauma -Informed collaboration efforts to build a trauma -informed State of Utah?

Yes – definitely	44.4%
Yes - possibly	31.7%
Unsure	17.3%
No – probably not	5.8%
No – definitely not	o.8%

76.1% YES!!!

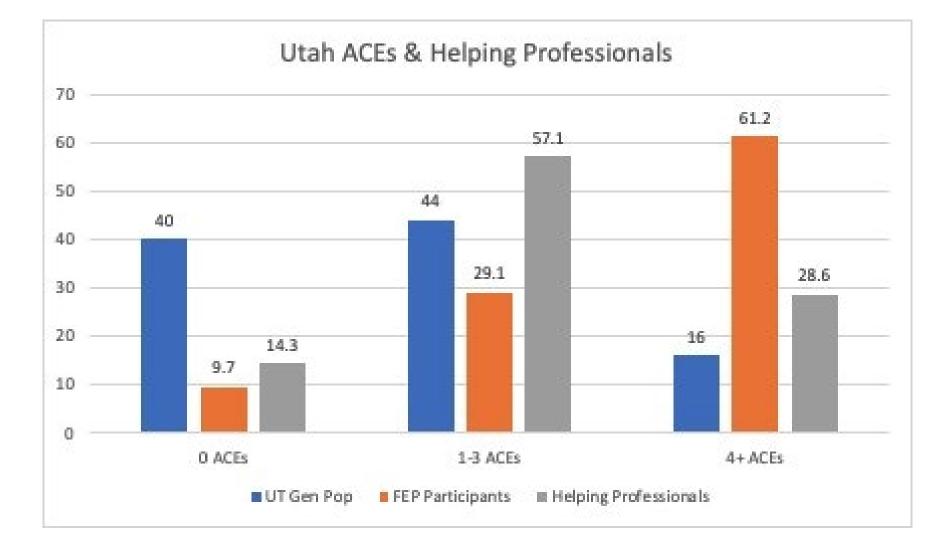
MARTY, WHATEVER HAPPENS



DON'T EVER GO TO 2020









Counseling and **Education**

Examples: Eat Healthy and Exercise

Clinical Interventions

Smaller Impact

Examples: Medicine for High Blood Pressure, Diabetes

Long-lasting, Protective Interventions

Examples: Vaccines, Smoking Cessation, Colonoscopy

Changing the Context to Make Individuals' Default Decision Healthy

Examples: Flouridation, Smoke-Free Laws, Tobacco Tax

Socioeconomic Factors

Examples: Poverty, Education, Housing, Inequality



Disease, Disability & Social Problems

Adoption of Health Risk Behavior

Social, Emotional & Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

ger Social Con

Social Conditions / Local Context

Generational Embodiment / Historical Trauma

FOR UTAHNS.



BY UTAHNS.

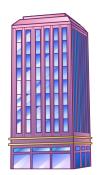
Guiding Purpose and Structure



- Why are we here?
 - Developing a Center for creating trauma -informed state

- Why are YOU (Steering Committee) here?
 - Experience in organizational development and structure
 - Provide expertise to challenge and expand thinking
 - Identify tasks for EC to accomplish
 - Community Connections





THREE COMMITTEES of TRAUMA-INFORMED UTAH



CENTER DEVELOPMENT

- Location / community "positioning"
- Budget outline
- Staffing structure
- Potential partnerships



CENTER SCOPE

- Trainings
- Technical assistance
- Educational resources
- ?????



CENTER RESEARCH

- Assessment tools
- Evaluation metrics
- Local research partnerships / projects
- Additions to literature on the TI approach

CENTER DEVELOPMENT COMMITTEE MEETING TIMELINE

October November December **February** March/April January 2020 2021 2020 2020 2021 2021 Launch Reviewing - TBD -**Setting Our Outlining** Refining **Other Models** Meeting! VISION Our Model **Our Model** (TODAY!) Guest Speaker! Workgroups Workgroups

UPDATED CENTER DEVELOPMENT TIMELINE

March 2021 April 2021

May 2021

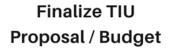
June - September 2021



TIU Proposal











Pursue Center Funding

Apply for 501(c)(3)

Launch Website

????



MISSION --- VISION --- VALUES





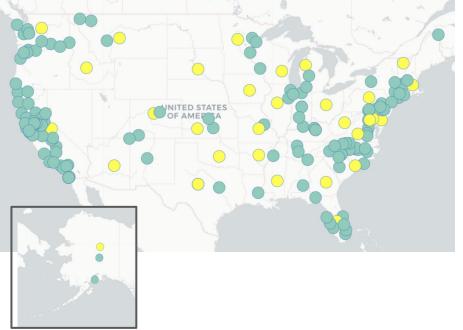


A National Snapshot of Trauma Informed Initiatives

LEGISLATIVE ACTION

Vancouver Montréal ncisco @niifofMextee Mexico

COMMUNITY NETWORKS



- Ongoing relationship
- Establishing funding & support
- Implementation support

Questions?



Virtual Parent Cafes

Partnerships across Wyoming



Presented by: Sara Serelson and Bryan Cook



(307) 684-2277











Wyoming Facts and Symbols

Capital: Cheyenne

Admitted to the Union: July 10, 1980 (44th State)

Size: 97,914 square miles (9th largest state)

Population: 563,626 (2010 Census)















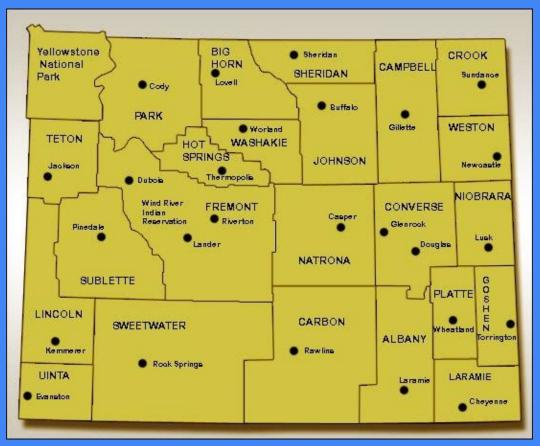
33 meetings hosted on Zoom



Outreach on social media & email



Who did we connect with?



130 parents

All Wyoming counties

What Wyoming Parents Say They Need:

- Transportation
- Services in Remote Areas
- Medical Care
- Interpretation/Bilingual providers
- Disability Access
- Fatherhood programs
- Affordable Housing
- Family Activities
- Affordable Child Care



Common barriers:

- Finances
- Transportation
- Availability
- Awareness of Services

Common Supports:

- Schools
- Home Visiting
- Department of Family Services
- Telehealth
- Child Development Centers
- Wrap Around Services

Ideas & Suggestions:

- Parent support programs
- Life skills classes for all ages
- Suicide prevention programs
- Programs for teenagers
- Community Celebrations

Parent Leadership Connections



Following a virtual parent cafe, a father to a 4 year old child and a bilingual mother are now on the Wyoming Citizen Review Panel.

Spanish parent cafe facilitated by mother of three and Parent Educator





Following a virtual parent cafe, a bilingual mother of three is now on the implementation team for Wyoming's Preschool Development Grant.

What's next?

- Sharing the information with communities and policy makers.
- 60 parents want to be invited to future events and included in more discussions.
- Prevention Campaign amplifying resilience in Wyoming and protective factors.

"Parents and those impacted need to be included in setting the table, not just a seat at the table"



Providing Services to Families during the COVID-19 Pandemic: Findings from Massachusetts

Innovative Initiatives: Community-Based Child Abuse Prevention (CBCAP) Annual Grantee Meeting

Sarita Rogers, Children's Trust of Massachusetts
Becky Fauth, Tufts Interdisciplinary Evaluation Research
(TIER)
May 17, 2021

The Children's Trust is on a mission to stop child abuse in Massachusetts.

We give parents the tools and resources to build self-confidence and gain lifelong skills to ensure children grow up safe and healthy.





Programs and Initiatives

Home Visiting

- Healthy Families Massachusetts
- Home visiting and Reflective practice training and supports

Family Suppor Programs

- •SAFE Child Community
- Family Centers
- Parenting Education and Support Programs
- One Tough Job Parenting Website

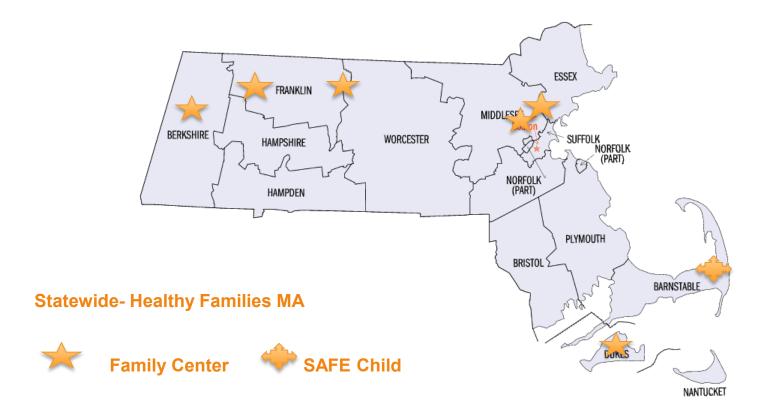
Fatherhood Initiative

- Fathers and Family Network
- •Nurturing Fathers Programs

Family Support & Parent Education Training Center

- Abusive Head Trauma Prevention
- Allbabiescry.com
- Child Sexual Abuse Prevention
- Safekidsthrive.org
- View from All Sides conference & Family Support Training Topics







Survey details



Purpose: Learn about families' and family support staff's experiences during the pandemic, whether service delivery has changed, and how programs and organizations have adapted



Methods: Family Center and Healthy Families Massachusetts (HFM) staff invited to participate in a brief online survey via email; respondents received a \$10 Amazon gift card as a "thank you"

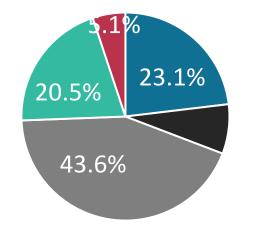


Respondent details

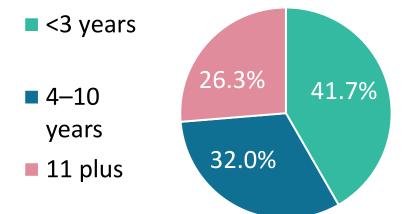


Coordinat or

- **■** Family
- Henter Suppor



Years at current program





Survey Findings

- 1 Families
- 2 Staff
- 3 Service delivery
- 4 Program & organization





1 Families—scheduling and engagement:



During the pandemic:

- Scheduling and keeping appointments with families has been challenging
- Engaging and getting to know families has been difficult



Famlies now have an increased desire for connection (n=151)

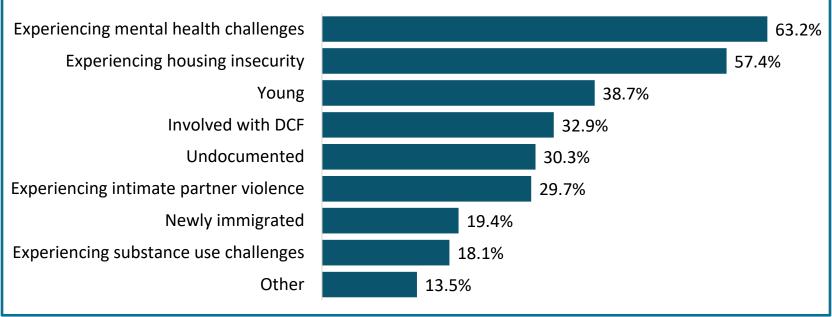
Parents now have more opportunties to directly interact with their children (n=152)

44.4%

55.9%



1 Families—harder to reach groups:





1 Families—increased struggles:

Three-quarters or more of staff agreed that families have currently been struggling more with:

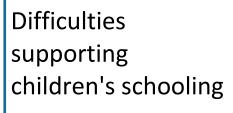
- Parent/caregiver mental health problems
- Parenting/caregiving stress
- Social isolation/loneliness
- Financial concerns
- Food insecurity

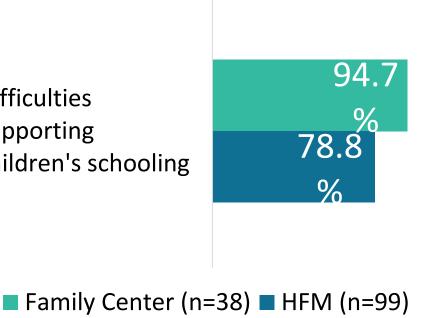
- Loss of job or reduction in work hours
- Children not having the proper amount of physical activity
- Difficulties caring for children, finding childcare, and supporting children's schooling
- The risk of losing a loved one



1 Families—increased struggles:

Program difference: Family Center staff were more likely to perceive that families have been struggling more with difficulties supporting children's schooling since the pandemic began.



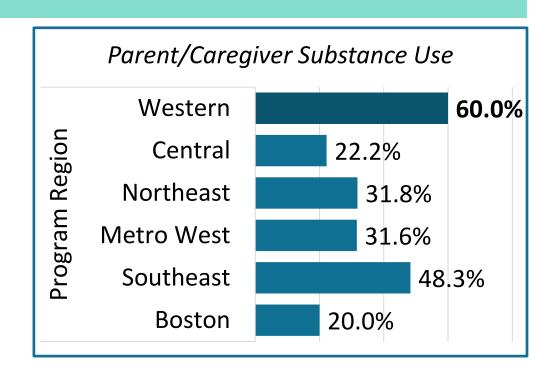




1 Families—increased struggles:

Regional difference:

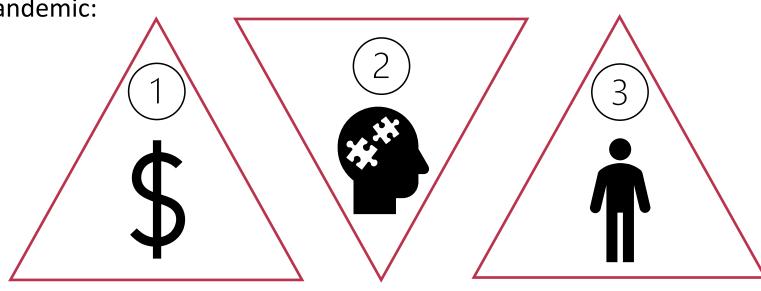
Programs in the Western region were most likely to perceive that parents/caregivers have been struggling more with substance use since the pandemic began.





1 Families—three biggest challenges:

The top three biggest challenges experienced by families during the pandemic:





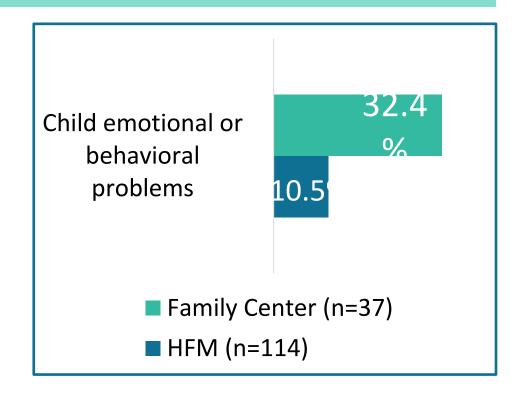
financial concerns

parent or caregiver mental health problems

social isolation or loneliness

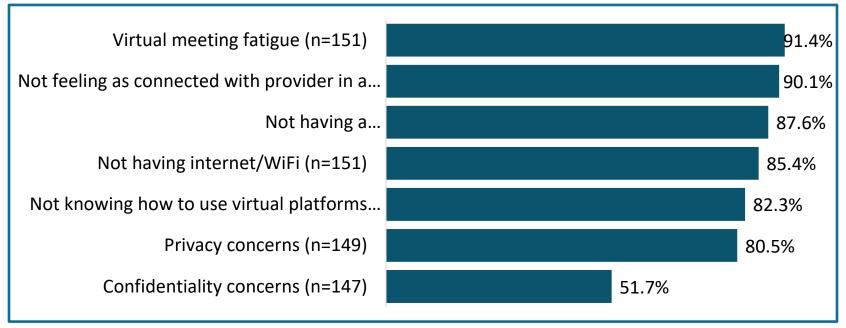
1 Families—three biggest challenges:

Program difference: Family Center staff were more likely to perceive child emotional or behavioral problems to be one of the three biggest challenges experienced by families during the pandemic.





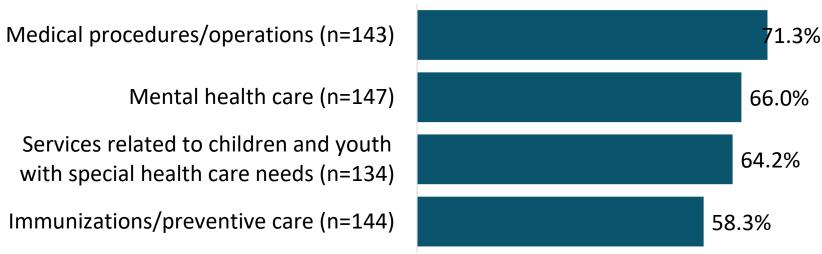
1 Families—barriers to service receipt:





1 Families—access to medical related services:

Most staff agreed that families have been less likely to access the following services:





2 Staff—feeling connected and supported:

Staff overwhelmingly agreed that they felt connected and supported by both their colleagues and supervisors.

Supported by and connected to colleagues (n=152)

80.3%

Well supported and advised by supervisor (n=149)

86.6%



2 Staff—satisfaction with adaptation:

Satisfied with how organization/agency adapted	80.3
Satisfied with the way agency/organzation has adapated	76.19
Satisfied with the way agency/organization has adapted	76.5





Staff—adequate personal protective equipment and working outside of home:



Around <u>90%</u> of staff agreed they had adequate PPE to complete their work tasks outside of home.



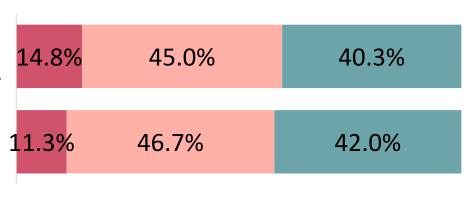
Nearly <u>60%</u> of staff agreed they felt their health was at risk when working outside of home.



2 Staff—conversations about racism:

Conversations with co-workers about racism in the workplace...

Conversations with co-workers about racism in the lives of...

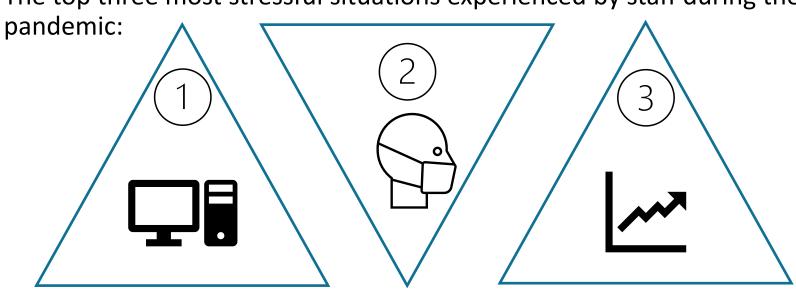






2 Staff—top three stressful situations:

The top three most stressful situations experienced by staff during the

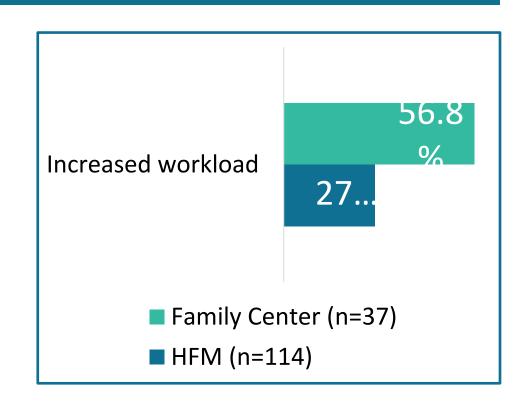




2 Staff—top three stressful situations:

Program difference:

Family Center staff were more likely to perceive that an increased workload has been one of their top three stressful situations during the pandemic.



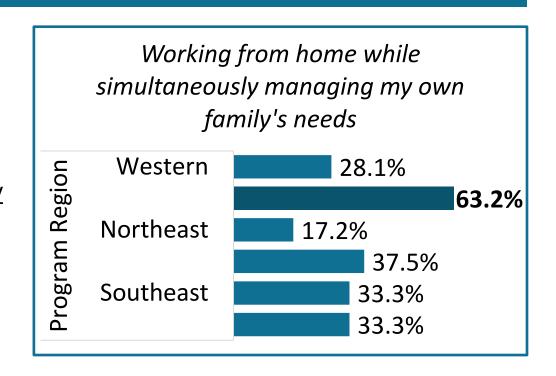




2 Staff—top three stressful situations:

Regional difference:

Programs in the Central region were most likely to perceive working from home while simultaneously managing their family's needs to be one of their top three stressful situations during the pandemic.

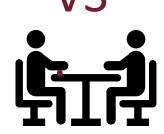




2 Staff—virtual services in the future:

- Only <u>25%</u> of staff agreed that virtual services are just as effective as in-person services
- About <u>40%</u> of staff agreed that virtual staff meetings are just as effective as in-person meetings
- Nearly <u>50%</u> of staff agreed that virtual staff training is just as effective as in-person training







3 Service delivery—screens:

MORE

- Social support (50%)
- Parent-child interaction (42%)
- Mental health or depression (35%)

<u>LESS</u>

Intimate partner violence (24%)



3 Service delivery—conversations:

MORE

- Medical Legal Partnership of Boston (MLPB; 45%)
- Department of Transitional Assistance (e.g., SNAP; 37%)
- Department of Children and Families (DCF; 28%)

LESS

- Parent's primary care physician (PCP; 38%)
- Child's PCP (35%)
- Early Intervention (27%)



3 Service delivery—activities:

At least 60% of staff reported that they engaged in the following activities more frequently since the pandemic began:

- Texting
- Emailing
- Messaging via social media
- Offering service referrals
- Hosting virtual playgroups or social activities

- Hosting virtual parent support or education groups
- Providing concrete support or resources



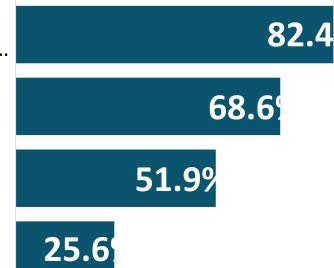
4 Program—access to technology:

Providing families with information on places that offer free WiFi within their...

Connecting families with community organizations that provide families...

Purchasing or loaning tablets/computers to families (n=129)

Hosting trainings to teach families how to use virtual platforms (n=129)





4 Organization—changed procedures:

Developed resources for communitylevel supports related to the outbreak...

Changed your program's enrollment procedures (n=128)

Changed data collection forms (n=125)

Eased program fidelity requirements (n=96)





53.1%



4 Organization—hiring challenges:

- About half of staff agreed that their organization has experienced hiring challenges or vacancies since the pandemic began
- Family Centers were more likely than HFM staff to agree that their organization experienced hiring challenges/vacancies
- Programs in the Central region were the least likely to agree this was the case

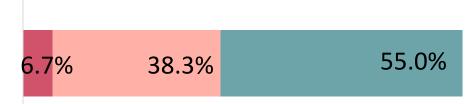




4

Organization—conversations about racism:

Formal opportunities for conversations related to racism offered by agency/organization (n=149)



■ Less
■ Same
■ More



Key takeaways

- There have been several service delivery challenges related to supporting and engaging families virtually.
- Families experiencing mental health challenges and housing insecurity are toughest to reach.
- Families are struggling with parental mental health and stress, lack of social support and isolation, financial concerns, and lack of childcare.
- Families have been less likely to access medical-related services during the pandemic, including preventive care.
- Despite families' increased struggles, programs and agencies have adapted quickly to continue providing services and help families access resources.
- ➤ Staff have experienced stress; however, staff feel connected and supported by their colleagues and supervisors and are satisfied with how their agency adapted.



Staff Supports

- Virtual networking
 - Networking meetings
 - Spotlight calls
 - Family Support Fridays
 - Fathers & Families networks
 - Role-specific home visiting program communities of practice
- Flexible funding
 - Tech for staff
 - Resources for families
- Wellness
 - Virtual yoga



Thank you! Rebecca.Fauth@tufts.edu https://ase.tufts.edu/tier

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